STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 10/28/24 through 10/31/24. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F690, F812, and F880. The facility was licensed for 151 beds and had a census of 115 residents.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690		12/8/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/11/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 1 continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure an indwelling urinary catheter was clinically indicated for one (1) of four (4) residents observed with catheters. (Resident #87) Findings Include: A review of the facility's "Appropriate Use of Indwelling Catheters Policy," dated 03/01/17, revealed: " ...An indwelling urinary catheter will be utilized only when a resident's clinical condition demonstrates that catheterization is necessary. Policy Explanation and Compliance Guidelines ...4. The use of an indwelling urinary catheter will be in accordance with physician orders, which will include the diagnosis or clinical condition making the use of the catheter necessary ...6. Documentation to support decision-making will be included in the medical record, including but not limited to: a. Clinical or medical conditions demonstrating the need for an indwelling catheter. b. Assessment of incontinence ...d. Services provided to restore normal bladder function to the extent possible ...7. Indwelling urinary catheters will be used on a short-term basis..."	F 690	1)*Foley catheter order for resident #87 was clarified on 11/5/24 to include the clinical condition and medical diagnosis making the use of the catheter necessary. *Documentation to support clinical decision-making for catheter use was entered into medical record via Provider Progress Note completed on 11/5/24 to include plan for short term use of indwelling urinary catheter and interventions to restore bladder function to resident's maximum potential. *Individualized care plan for resident #87 was updated on 11/5/24 by Care Plan Nurse. *Facility policy on Appropriate Use Of Indwelling Catheters was updated on 11/5/24. 2) All residents with indwelling catheters have the potential to be affected. 3) *Quality Assurance (QA) Nurse audited orders and care plans on 11/5/24 of all residents with indwelling catheters for appropriate clinical	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 2 During an observation on 10/29/24 at 11:00 AM, Resident #87 was observed lying in bed and had an indwelling catheter drainage bag on the side of the bed. A record review of the "Admission Record" revealed the facility admitted Resident #87 on 09/14/24 with diagnoses including Cerebral Infarction. A record review of the "Order Summary Report" with active orders as of 10/30/24, revealed Resident # 87 had a physician order, dated 9/23/24 for a urinary catheter. A record review of the "Progress Notes", dated 09/20/24 at 11:46 AM, revealed Resident #87 had a "Nurse's Note" indicating " ...Foley (type of indwelling catheter) cath (catheter) patent and draining clear yellow urine into drainage bag ..." This was the first documentation in the medical record which indicated Resident #87 had an indwelling catheter. Further review of the medical record revealed there was no documentation to explain when or why an indwelling catheter was placed for Resident #87. On 10/31/24 at 10:30 AM, during an interview with Licensed Practical Nurse (LPN) #2, she stated that she updated physician orders daily and recalled putting in the catheter orders for Resident #87 on 09/23/24 based on a charge nurse's request. However, she did not recall the diagnosis used for the catheter and suggested that the charge nurse may have provided the reason, though she was not certain.	F 690	conditions to demonstrate catheter necessity, interventions to prevent urinary tract infections and to restore normal bladder function to the extent possible. *All nurses will be in-serviced by Quality Assurance Nurse on obtaining physician orders for indwelling urinary catheters, required supporting and follow-up documentation related to catheter use, and following policy on Indwelling Catheter by 11/20/24. 4) *All new admissions and hospital readmissions with indwelling catheters will be audited by Director Of Nursing (DON) or the Quality Assurance (QA) Nurse within twenty-four hours of admission for orders including clinical condition(s) and appropriate medical diagnosis proving medical necessity per facility policy beginning on 11/5/24 and process will continue indefinitely as part of Quality Assurance admission chart audit. Upon a current resident receiving a physician order for placement of an indwelling catheter, the DON or the QA Nurse will ensure orders and documentation includes clinical condition(s) and appropriate medical diagnosis to justify medical necessity per facility policy. This will occur daily Monday-Friday following review of new	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 3 At 10:50 AM on 10/31/24, during an interview with LPN #1, she confirmed Resident #87 did not have an indwelling catheter when he was admitted by the facility. She explained that she had been off and when she returned to work, she noted Resident #87 had a catheter, and asked LPN #2 to enter the orders, though no diagnosis was given for the catheter. Upon reviewing the progress notes, she found documentation indicating a Urinalysis was collected on 09/20/24, suggesting the catheter placement occurred around that time, but confirmed there was no documentation specifying the reason for insertion. During an interview on 10/31/24 at 11:20 AM, the Director of Nursing (DON) confirmed Resident #87 did not have a sufficient diagnosis for an indwelling catheter. She had investigated the catheter's origin, suspecting an agency nurse placed it. The DON noted the lack of documentation regarding when or why the catheter was inserted and emphasized her expectation that staff document any changes in resident care and adhere to facility policies. At 11:45 AM on 10/31/24, during an interview with the facility's Nurse Practitioner (NP), she acknowledged awareness of the catheter issue with Resident #87. She explained that the nurse had contacted an on-call doctor, not her, about the catheter placement. She confirmed that urinary retention does not justify the use of an indwelling catheter.	F 690	orders daily during Interdisciplinary Stand-up morning meeting beginning on 11/5/24. All audit findings from review of physicians orders for new admissions, readmissions, and current residents with new catheter orders will be brought to weekly Quality Assurance and Care Plan Meeting beginning 11/14/24 x 11 weeks ending 1/7/25 for review and recommendations and will be presented at monthly Interdisciplinary Quality Assurance/ Quality Improvement Committee Meeting beginning on 11/21/24 thru 1/23/25.	
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		12/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 4 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure food temperatures were tested under sanitary conditions for one (1) of four (4) kitchen observations. Findings Include: During an observation of food temperature readings for the lunch meal on 10/30/24 at 11:45 AM in the kitchen area, the cook was observed using a thermometer to check the temperature of the macaroni and cheese. After testing the temperature, the cook wiped the thermometer on a clean towel. The same thermometer was then used to test the baked chicken, green peas, pureed chicken, and mashed potatoes, with the cook wiping the thermometer on the same towel after each test without sanitizing it. During an interview on 10/31/24 at 09:00 AM, the	F 812	1) *Dietary Manager provided education to individual employee (Cook) who failed to sanitize the thermometer between tray line food items and Dietary Manager observed return demonstration by cook was completed appropriately on 11/1/24. *Registered Dietician provided education to all dietary employees on proper sanitation of food thermometers beginning on 11/4/24 and ending on 11/8/24. *Return demonstration of proper sanitization of food thermometers during food temperature checks was observed by Registered Dietician for all current dietary employees by 11/8/24. 2) *All residents in facility have the potential to be affected by deficient	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 5 cook stated she had been cooking at the facility for six (6) months and had been cleaning the thermometer with a clean, dry towel during that time. She was uncertain if she had been specifically trained on sanitizing the thermometer, mentioning that numerous in-services were conducted, but she could not recall specific sanitation training. The cook further stated that she was informed by the Dietary Manager (DM) that failing to sanitize the thermometer could lead to cross-contamination and risk residents becoming ill. During an interview on 10/31/24 at 09:30 AM, the DM confirmed that the cook failed to sanitize the thermometer between food items. She stated that the cook was trained to dip the thermometer in a sanitation solution and dry it after each test. However, she acknowledged that no official in-service documentation was available, as training was often conducted informally through verbal instructions. During an interview on 10/31/24 at 10:00 AM, the Registered Dietitian stated that staff are instructed to sanitize thermometers by dipping them in a sanitizing solution and drying them between each food item. She confirmed that the cook should have sanitized the thermometer after testing each item. During an interview on 10/31/24 at 2:30 PM, the Administrator expressed an expectation that kitchen staff sanitize thermometers between food items to prevent cross-contamination.	F 812	practice. 3) *Education of dietary employees on sanitizing food thermometers will occur during new hire training and at least quarterly thereafter beginning on 11/11/24 by Dietary Manager. *Return demonstration of proper technique for sanitizing food thermometers during temperature checks will be observed by Dietary Manager during new hire training and at least quarterly thereafter for all dietary employees beginning on 11/11/24. 4) *Documentation of education provided to newly hired dietary employees and return demonstration of proper sanitation of food thermometers during temperature checks will be presented during weekly Quality Assurance and Care Plan Meeting beginning 11/14/24 and will continue for the next 11 weeks thru 1/23/25. *Dietary Manager will provide weekly documentation of new hire training and return demonstration of proper sanitation of food thermometers to the Interdisciplinary Team Quality Assurance and Improvement Committee Meeting beginning 11/21/24, and monthly thereafter thru 1/23/25. *Dietary Manager/Registered Dietician will perform weekly observations during tray line to ensure proper sanitizing of thermometers during food temperature checks beginning the week	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 812	Continued From page 6	F 812	of 11/11/24-11/15/24 x 11 weeks ending 1/17/25. Weekly observation findings will be brought to weekly Quality Assurance/Care Plan Meeting beginning 11/21/24 thru 1/17/25 for review and recommendations and will be presented at monthly Interdisciplinary Quality Assurance/Quality Improvement Committee Meeting beginning on 11/21/24 thru 1/23/25.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		12/8/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 7 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 8 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy review, the facility failed to use enhanced barrier precautions (EBP) by not wearing the appropriate personal protective equipment (PPE) during catheter care for one (1) of four (4) residents reviewed for catheter care. (Resident #87) Findings Include: A review of the facility's policy titled "Enhanced Barrier Precautions," dated 05/01/24, revealed, " ...It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: 'Enhanced Barrier Precautions' (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high-contact resident care activities ... Policy Explanation and Compliance Guidelines ...2. Initiation of Enhanced Barrier Precautions ...b. an order for enhanced barrier precautions will be obtained for residents with any of the following ...i ...indwelling medical devices (e.g ...urinary catheters ..." During an observation on 10/28/24 at 3:11 PM, Resident #87 was observed lying in bed and had an indwelling catheter drainage bag attached to the bed. There was a yellow dot present near the name of the resident on the outside of the resident's room. During an interview on 10/29/24 at 8:45 AM,	F 880	1)For employees(certified nursing assistants #1 and #2) who failed to follow facility policy during annual state agency survey, education was provided by Quality Assurance Nurse on Enhanced Barrier Precautions used during urinary catheter care and employee return demonstration was overseen by QA Nurse. All tasks completed by 11/8/24. 2) All residents with indwelling catheters have the potential to be affected 3) *Quality Assurance Nurse will educate all Certified Nursing Assistants/Licensed Practical Nurses/Registered Nurses on performing Enhanced Barrier Precautions during catheter care by 11/20/24. *QA Nurse will oversee all Certified Nursing Assistants/Licensed Practical Nurses/Registered Nurses performance of return demonstrations to prove knowledge and proper execution of Enhanced Barrier Precautions by 11/20/24, then quarterly thereafter. *QA Nurse of Director of Nurses will educate New Hire Certified Nursing Assistants/Licensed Practical Nurses/Registered Nurses will on Enhanced Barrier Precautions Policy upon hiring and will oversee performance of return demonstration	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 9 Registered Nurse (RN) #1 explained that a yellow dot next to a resident's name in the hallway signifies that the resident is on EBP and explained that residents with openings such as wounds and catheters are on EBP and all staff have been in-serviced accordingly. At 1:50 PM on 10/30/24, Certified Nurse Aide (CNA) #1 and CNA #2 were observed providing catheter care to Resident #87, and did not wear a gown during the care. During an interview on 10/31/24 at 9:10 AM, RN #1 explained that all staff are expected to follow EBP by wearing a gown and gloves while providing care. She noted that PPE supplies are stored in a closet on each hall and are readily available to staff. During an interview on 10/31/24 at 9:50 AM, CNA #1 confirmed that a yellow dot next to a resident's name indicates EBP and that PPE, including gowns, must be worn while providing care. She admitted that she did not wear a gown during catheter care on 10/30/24 and stated that she "just got nervous." She confirmed that PPE is available in the closet on the hall. During an interview on 10/31/24 at 11:20 AM, the Director of Nursing (DON) confirmed that enhanced barrier policies are in place and that all staff have been educated on these precautions. She emphasized her expectation that staff always adhere to EBP. At 12:10 PM on 10/31/24, during an interview with CNA #2, he admitted that he did not wear a gown while assisting with catheter care for Resident #87 on 10/30/24. He acknowledged being aware	F 880	during new hire orientation beginning 11/11/24, then quarterly thereafter. 4) *Quality Assurance Nurse will bring findings from new hires and current employees' return demonstrations showing proof of knowledge and proper execution of Enhanced Barrier Precautions to the weekly Quality Assurance and Care Plan meeting for review and recommendations beginning on 11/7/24 thru 11/20/24 for current employees, and will continue for new hires for the next (12 weeks) 3 months thru 1/23/25. *QA Nurse will bring weekly findings from return demonstrations performed by current employees to the Interdisciplinary Team Quality Assurance and Improvement (IDT QA/QI) Committee meeting on 11/21/24. QA nurse will bring weekly findings from return demonstrations performed by new hires to the IDT QA/QI Committee meeting beginning on 11/21/24 and monthly thereafter thru 1/23/25. *Infection Prevention/Quality Assurance Nurse will audit 5 staff members providing resident care while entering/exiting resident rooms requiring Enhanced Barrier Precautions for appropriate donning/doffing of Personal Protection Equipment (PPE) and proper hand hygiene weekly x 4 weeks beginning 11/12/24 thru 12/13/24, then monthly x 2 months	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. BUILDING _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	1500 BROAD AVENUE GULFPORT, MS 39501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 10 of EBP but stated he was focused on care and forgot to apply PPE. A record review of the "Admission Record" revealed the facility admitted Resident #87 on 09/14/24 with diagnoses including Cerebral Infarction. A record review of the "Order Summary Report" with active orders as of 10/30/24, revealed Resident # 87 had a physician order, dated 9/23/24 for a urinary catheter.	F 880	beginning 12/23/24 thru 1/23/25. Any identified concerns will be immediately addressed. Results of audits will reviewed weekly beginning 11/20/24 during Quality Assurance/Care Plan Meeting and monthly during IDT QA/QI Committee Meeting x 2 months beginning 11/21/24 thru 1/23/25.	