STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255341	A. BUILDING _____ B. WING _____	C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	11240 CANAL ROAD GULFPORT, MS 39503

(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	F 000		

** 2567 has been revised on 7/2/25 to reflect a change in resident identification numbers in F641. Resident # 22 was changed to Resident #5.

The State Agency (SA) conducted an annual recertification survey, as well as Complaint Investigations (CI), MS #27770 and MS #28507, at the facility from 6/2/25 through 6/5/25. MS #27770 was investigated for nursing services, no hot water, food not palatable and quality of care/treatment and MS #28507 was investigated for residents not treated with dignity/respect and misappropriation. There were no deficiencies related to the CIs. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F558, F583, F637, F641, F656, F693, and F812.

The facility failed to provide supervision to prevent Resident #55 who had activated a door alarm from leaving the facility. Resident #55 was observed inside the facility at approximately 4:00 AM on 5/31/25 and was found unsupervised in the facility parking lot by dietary staff at approximately 4:30 AM. Facility staff were unaware the resident had left the facility through an alarmed door, which staff failed to investigate despite hearing the audible alarm. This event was not reported to the State Agency until 6/2/25. This event was not investigated by the facility until 6/2/25 in which the Administrator stated she was unaware of the elopement and believed the resident had been returned by staff immediately, indicating that no internal investigation was initiated as required.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/02/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1	F 000		

The SA identified Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 5/31/25 when Resident #55 eloped from the facility.

The IJ and SQC existed at:

42 CFR 483.25(d)(1)(2) - Free of Accidents Hazards/Supervision/Devices (F689) - Scope and Severity "J"

42 CFR 483.12(c)(1) - Reporting of Alleged Violations (F609) Scope and Severity "J"

42 CFR 483.12(c)(2) Investigation/Prevent/Correct Alleged Violation (F610) Scope and Severity "J"

The facility's failure to immediately investigate an active alarm and provide adequate supervision for Resident #55, put this resident and all other residents at risk for serious injury, serious harm, serious impairment, or death.

The facility Administrator was notified of the IJ and SQC on 6/4/25 at 11:30 AM and provided with the IJ Templates.

The facility provided an acceptable Removal Plan on 6/5/25, in which they alleged all corrective actions to remove the IJ were completed on 6/4/25 and the IJ removed on 6/5/25.

The SA validated the Removal Plan on 6/5/25 and determined the IJ was removed on 6/5/25, prior to exit. Therefore, the scope and severity for 42 CFR 483.12(c)(1) - Reporting of Alleged Violations (F609), 42 CFR 483.12(c)(2) Investigation/Prevent/Correct Alleged Violation

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F 000	Continued From page 2 (F610), 42 CFR 483.25(d)(1)(2) - Free of Accidents Hazards/Supervision/Devices (F689) were lowered to a "D" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The census at the time of the survey was 67, and the facility held a license for 90 beds.	F 000		