MSDH - Health Facilities Licensure and Certification

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 24GG | 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) COMPLETE DATE |
|---|---|---|---|---|
| M 000 | Initial Comments<br><br>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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500, M635, and M815.<br><br>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.<br><br>The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 5/31/25 when Resident #55 eloped from the facility.<br><br>The IJ and SQC existed at: | M 000 | | |

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| M 000 | Continued From page 1<br><br>Rule 45.21.8 - Accidents (M640) - Scope/Severity - Level IV<br><br>The facility Administrator was notified of the IJ and SQC on 6/4/25 at 11:30 AM.<br><br>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.<br><br>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 Rule 45.21.8 - Accidents (M640) were lowered to a Level II 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. | M 000 | | |