Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 391`	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL HEALTH AND REHABILITATION CENTER	**1530 BROAD AVE , GULFPORT, Mississippi, 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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #478824, CI MS #478826, and CI MS #480289, at the facility from 8/4/25 through 8/7/25. CI MS #478824 was investigated related to neglect, infection control, and facility staffing and there were no citations related to the complaint. CI MS #478826 was investigated for neglect, resident rights, call lights not answered, residents left wet and soiled and M610 was cited. CI MS #480289 was investigated for neglect, physical environment, falsification of records, and residents left wet and soiled and M500 and M610 were cited. 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 requirements and cited M500, M610, M655, M780, M815, M855, and M970.	M0000		08/26/2025
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care,	M0500	M 500 Maintains Effective Pest Control Program 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/25 and based on findings on 8/26/2025 the Executive Director and the Activities Director held a Resident Council Meeting with Residents #23, #31, #41, #44, #45, #62, #66, #71, #84, #94, #104, #106 and #110 to review plan for pest control. Resident #23, #31, #41, #44, #45, #62, #66, #71, #84, #94, #104, #106 and #110's rooms were treated by pest control on 8/5/2025. 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. All Residents have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur.	09/10/2025

Office of Primary Care and Health Systems Management

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

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M0500	Continued from page 1 is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat	M0500	Continued from page 1 The Regional Director of Maintenance conducted education on 8/12/25 with the Executive Director and the Maintenance Supervisor controlling pest and ensuring the residents' environment is clean, homelike, and free of pests. Pest Control contracts active and pest control will be provided frequency to include Residents Rooms, Common areas and hallways. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/20/25 by the Executive Director, Maintenance Supervisor or Assistant two times weekly for 4 weeks then weekly for 2 months to ensure that the facility as well as the residents listed above are free from pests. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	

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M0500	Continued from page 2 to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M0500		

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M0500	Continued from page 3 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure the Resident Council grievances were addressed for multiple complaints voiced over several months, including concerns with pest control, linen shortages, and food quality, for multiple residents who participated in the council meetings for three (3) of (3) meeting minutes reviewed. Findings included: A review of the facility's policy titled, "Complaint/Grievance," revised 10/24/22, revealed, "Policy: The Center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and inform the resident of progress towards resolution… The resident should have reasonable expectations of care and services, and the center should address those expectations in a timely, reasonable, and consistent manner… Procedure… 4. The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days…" A review of the facility's resident council minutes dated 4/24/25 revealed residents on the 200-hall reported seeing a lot of roaches in their rooms and hallways. On 5/22/25, council members asked if the facility had ordered new linen and requested that the dietary manager attend the May food committee meeting to discuss food complaints. On 7/24/25, council members invited the Administrator to discuss resident care, linen shortages, and dietary concerns. Residents also complained about roaches and gnats on the 100 and 200 halls. A review of the food committee meeting minutes dated	M0500		

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M0500	Continued from page 4 8/6/25 revealed complaints that the meat was tough and the food was too salty. On 7/2/25, the committee requested that bread and rolls be placed in baggies and not on the same plate with food to prevent sogginess. The residents were told to be patient because the kitchen was short staffed. On 6/5/25, the committee complained the rice was undercooked and the chicken was dry. On 4/3/25, residents voiced concerns that too much salt was being used on the meat. On 8/5/25 at 2:00 PM, the State Agency and Ombudsman attended the resident council meeting to discuss grievances. Residents complained about not having towels to bathe in or enough sheets to change their beds. Council members stated they could not understand why all complaints made during meetings were not recorded in the minutes. They also complained about roaches and gnats in their rooms. Residents reported that the food was not palatable, stating it did not taste good and lacked variety. One week, they were served Asian chicken one day, honey chicken the next, and sweet and sour chicken the following day. They complained that the processed turkey was watery and salty and requested real turkey. Residents reported that all food was served on one plate, causing issues such as barbecue on hamburger buns served with beets, resulting in buns saturated with beet juice, and hot dogs served with coleslaw on the same plate, resulting in buns saturated with coleslaw juice. Residents requested that vegetables be placed in separate bowls. They stated they had voiced complaints to the dietary manager and the Administrator, but nothing had changed. Council members stated when they shared concerns with the Administrator, he “appeared defensive.” On 8/7/25 at 10:15 AM, during an interview with the Social Services Director (SSD), she stated she attends all resident council meetings and records the minutes. She confirmed that residents had been complaining for several months about roaches, gnats, linen shortages, and the food not being appetizing or palatable. She stated she did not realize the same complaints needed to be documented each month because department heads were already aware of them. On 8/7/25 at 3:30 PM, during an interview with the Administrator, he stated he was aware of the complaints of the residents and that they had not been resolved, but he was unaware they were not being recorded monthly. Resident Council Members: Resident #23	M0500		

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M0500	Continued from page 5 A record review of Resident #23's "Admission Record" revealed the facility admitted the resident on 11/10/23 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #31 A record review of Resident #31's "Admission Record" revealed the facility admitted the resident on 1/18/20 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/2/25 revealed a BIMS score was not completed. Resident #41 A record review of Resident #41's "Admission Record" revealed the facility admitted the resident on 3/26/10 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 5/5/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #44 A record review of Resident #44's "Admission Record" revealed the facility admitted the resident on 5/9/24 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the resident's Quarterly MDS with an ARD of 6/27/25 revealed a BIMS score of 14, which indicated the resident was cognitively intact. Resident #45 Record review of the "Admission Record" revealed the resident was admitted on 4/16/24 with diagnoses that included congestive heart failure. Record review of the quarterly MDS with an ARD of 7/17/25 revealed a BIMS score of 09 indicating the resident had moderate cognitive impairment.	M0500		

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M0500	Continued from page 6 Resident #62 A record review of Resident #62's "Admission Record" revealed the facility admitted the resident on 9/14/18 with diagnoses including Spinal Stenosis Lumbar Region with Neurogenic Claudication. A record review of the resident's Quarterly MDS with an ARD of 5/13/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #66 A record review of Resident #66's "Admission Record" revealed the facility admitted the resident on 7/9/25 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 8, which indicated the resident's cognition was moderately impaired. Resident #71 A record review of Resident #71's "Admission Record" revealed the facility admitted the resident on 1/2/25 with diagnoses including Hypertension. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #84 A record review of Resident #84's "Admission Record" revealed the facility admitted the resident on 7/18/20 with diagnoses including Osteoarthritis. A record review of the resident's Quarterly MDS with an ARD of 6/25/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #87 A record review of Resident #87 "Admission Record" revealed the facility admitted the resident on 6/16/14 with diagnoses including Quadriplegia. A record review of the resident's Quarterly MDS with an ARD of 7/1/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #94	M0500		

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M0500	Continued from page 7 A record review of Resident #94's "Admission Record" revealed the facility admitted the resident on 3/5/2013 with diagnoses including heart disease. A record review of the resident's Quarterly MDS with an ARD of 7/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #104 A record review of Resident #104's "Admission Record" revealed the facility admitted the resident on 3/9/21 with diagnoses including Bilateral Osteoarthritis of the knee. A record review of the resident's Quarterly MDS with an ARD of 5/16/25 revealed a BIMS score of 11, which indicated the resident's cognition was moderately impaired. Resident #106 A record review of Resident #106's "Admission Record" revealed the facility admitted the resident on 5/8/25 with diagnoses including Hypertension. A record review of the resident's admission MDS with an ARD of 5/14/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #110 A record review of Resident #110's "Admission Record" revealed the facility admitted the resident on 9/26/22 with diagnoses including Cirrhosis of the Liver. A record review of the resident's Quarterly MDS with an ARD of 6/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.	M0500		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate;	M0610	M 610 ADL Care Provided for Dependent Residents 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/25. Resident #31 was assessed on 8/6/25 by the Director of nursing to ensure Resident had been provided incontinent care and was comfortable.	09/10/2025

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M0610	Continued from page 8 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide appropriate incontinence care for a resident dependent upon staff for activities of daily living (ADL) to maintain the resident's comfort for one (1) of seven (7) residents reviewed for ADL care, Resident #31. Findings included: During an interview and observation on 8/6/25 at 7:30 AM, Resident #31 was lying in bed. He stated that he needed to be changed, and he was unsure when the night shift had last entered his room during the night. Certified Nurse Aide (CNA) #5 confirmed Resident #31's bed linens were saturated with urine, and he had feces on the incontinence pad on his bed. During an interview on 8/06/25 at 7:40 AM, CNA #5, she explained Resident #31 was dependent on staff for incontinent care and is aware when he has had an incontinent episode. She confirmed Resident #31 requires assistance for incontinence care and is dependent upon staff. CNA #5 stated that she does not always complete incontinent end of shift rounding with the off going shift. She reported that Resident #31 has complained about not being changed during the night and there have been times that he was saturated when she came on shift. During an interview on 8/06/25 at 10:30 AM, Licensed Practical Nurse (LPN) #2 explained she has had received numerous complaints from day shift CNAs and residents, including Resident #31 of being left soiled for long periods of time especially from the night shift. She reported Resident #31 had complained about being soiled completely through his brief to the bed linens and she had asked CNAs to do rounds before leaving and the night nurses to stay to ensure rounds were completed. Resident #31 is cognitively intact but requires staff for incontinent care. During an interview with the Director of Nursing (DON) on 8/7/25 at 2:22 PM, she stated she was not aware of problems with night shift CNAs leaving residents soiled for long periods of time but stated she would follow through with staff. She stated she expected all	M0610	Continued from page 8 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. Residents that are incontinent have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education conducted with Licensed Nurses and Certified Nursing Assistants by the Regional Director of Clinical Services 8/12/2025 on ensuring Residents are provided incontinent care in a manner to maintain the Residents comfort. Certified Nursing Assistant will make rounds no less than every two hours to provided incontinent care if needed. Licensed Nurse will make walking rounds with the Certified Nursing assistants at the end of each shift to ensure incontinent care has been provided and Residents are comfortable. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/20/25 by the Director of Nursing, Unit Manager or Licensed Nurse with a sample of 10 two times weekly for 4 weeks; then weekly for 2 months to ensure incontinent residents are provided incontinent care in a manner to maintain the Residents comfort. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	

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M0610	Continued from page 9 residents to be changed in a timely manner and that finding a resident saturated through to the bed linens was unacceptable. A record review of the “Admission Record” revealed the facility admitted Resident #31 on 3/1/24 with diagnoses including Cerebral Infarction. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed Resident #31 was frequently incontinent of bowel and bladder. A review of Section E revealed he did not exhibit the behavior of rejecting care and Section GG revealed he had impairment to both lower extremities and required extensive maximal assistance with toileting, A record review of the Brief Interview for Mental Status (BIMS) assessment completed on 7/7/25 revealed Resident #31 was cognitively intact.	M0610		
M0655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review and facility policy review, the facility failed to ensure the resident received proper treatment and assistive devices to maintain his vision for one (1) of (27) sampled residents. (Resident #86) Findings include: A review of the facility’s policy titled “Medical Consultation,” revised 8/24/17, revealed, “The members of the medical staff will request a medical consultation when appropriate...” On 8/4/25 at 3:55 PM, during an observation, Resident #86 was lying in bed and calling out for help. The resident was observed searching for the call light and stated he could not see it. He stated he had poor vision and had asked staff to make an eye appointment, but he did not know where his glasses were. On 8/6/25 at 12:04 PM, during an interview, Certified Nurse Aide (CNA) #1 stated the resident’s glasses broke	M0655	M 655 Treatment /Devices to Maintain Hearing /Vision 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 8/12/25. Resident #86’s Comprehensive Care Plan was updated for visual impairment needs on 8/21/2025. An eye appointment was made by Social Services on 8/6/25 for Resident #86. Resident has call light in place that is easy to reach and easy to engage. 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. Residents with vision impairment have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education was conducted on 8/12/2025 with the Social Services Director by the Regional Director of Clinical Services on ensuring Residents receive proper treatment and assistive devices to maintain vision. At which time a Residents eyeglasses need repair it will be reported the Social Services Director, and the Social Services Director will arrange an appointment or arrange to have glasses repaired.	09/10/2025

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COASTAL HEALTH AND REHABILITATION CENTER	1530 BROAD AVE , GULFPORT, Mississippi, 39501

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M0655	Continued from page 10 on 7/28/25. He acknowledged that he had not informed anyone. He stated that when he returned to work the next day, the glasses were gone, and he thought another staff member may have turned them into the nurses. He confirmed the resident had poor vision. On 8/6/25 at 12:14 PM, during an interview, the Director of Nursing (DON) stated she had reported the broken glasses to the Social Worker and had requested that an eye appointment be scheduled. On 8/6/25 at 12:17 PM, during an interview, the Social Worker confirmed he received the broken glasses on 7/31/25. He stated he thought he had spoken to the scheduler to set up an appointment, but he had forgotten to do so. He stated the resident needed his glasses. On 8/7/25 at 5:00 PM, during an interview, the Administrator stated he expected the staff to make appointments to get residents' glasses fixed in a timely manner and stated this should have been discussed in morning meetings. A record review of the "Admission Record" revealed the facility admitted Resident #86 on 8/14/24 with diagnoses including Muscle Wasting and Atrophy. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed a Brief Interview for Mental Status (BIMS) score was not entered which indicated the resident did not complete the interview. Section B revealed the resident was vision impaired and required corrective lenses.	M0655	Continued from page 10 New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/20/25 by the Director of Nursing, Unit Manager or Social Services Director with a sample of 10 two times weekly for 4 weeks; then weekly for 2 months to ensure Residents with vision impairment are provided proper treatment and devices to maintain vision. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	
M0780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and facility policy review, the facility failed to ensure residents had access to independent leisure activities during all hours, including evenings and weekends, when activity staff were not present, as evidenced by activity carts	M0780	M 780 Activities Meet Interest /Needs Each Resident 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/25. On 8/7/25 the Executive Director provided Residents access to individual leisure activities for their use at night and on weekends. 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. All Residents have the potential to be affected.	09/10/2025

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M0780	Continued from page 11 not being available for residents, for one (1) of four (4) days of survey. Findings included: A review of the facility's policy titled, "Community Life Overview," effective date 11/1/21, revealed, "Overview: Community Life programming can enhance quality of life for residents… Community Life programs are designed and adapted to be person-appropriate and to promote self-esteem, pleasure, comfort, education, creativity, success, and independence…" On 8/5/25 at 2:00 PM, during a resident council meeting in the large dining room, residents reported that activity carts had been removed from the dining rooms without explanation. They stated they enjoyed playing games after the activity department closed and that weekends offered limited activity options, so they played cards and games. An observation of the dining room revealed no activity cart was present. On 8/5/25 at 2:35 PM, an observation of the smaller dining room on the 300 hall revealed no activity cart was present. On 8/7/25 at 12:00 PM, during an interview the Activities Director, she stated she was instructed by the Administrator last week to remove the games from the two dining rooms. She stated she was not told why or whether it would be permanent. She reported that she told the Administrator the activity carts needed to remain to allow residents independent activities in the evenings after she left for the day, but the carts were removed. On 8/7/25 at 12:30 PM, during an interview the Administrator, he acknowledged the games had been removed from the dining rooms on 8/4/25, leaving residents without access to activities when activity staff left for the day at 4:30 PM. He stated he was instructed to remove clutter from the dining rooms. He reported that residents still had access to the games if they asked activity staff before 4:30 PM or nursing staff afterward but confirmed he did not know if nursing staff had access to the activities office. On 8/7/25 at 1:10 PM, during an interview the Administrator stated the games had been returned to the dining rooms and confirmed that nursing staff did not have access to the activities office as he had previously thought.	M0780	Continued from page 11 (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education was conducted by the Regional Director of Clinical Services on 8/12/25 with the Executive Director and the Activities Director on ensuring individual leisure activities are provided to Residents in a location Residents have access to them at night and on weekends. Facility will have individual leisure activities available in the Dining Room at night and on the weekends, so Residents have access to them. Residents will be interviewed on admit by the Activities Director to determine Residents specific wishes for leisure activities. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/20/25 by the Activities Director or the Executive Director weekly for 4 weeks; then weekly for 2 months to ensure individual leisure activities are available to Resident at night and on the weekends. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	
M0815	45.29.1 Safe Food Handling Procedures	M0815	M 815 Food Procurement, Store /Prepare /Serve Sanitary	09/10/2025

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M0815	Continued from page 12 Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to store, label, and maintain food in a sanitary manner to prevent contamination and ensure resident safety for one (1) of (1) kitchen observations. Findings Include: Record review of the facility's "Food Receiving and Storage", revised July 2014 revealed, "Food shall be received and stored in a manner that complies with safe food handling practices…7. Such foods will be rotated using a first in–first out system…" On August 4, 2025, at 10:15 AM, during an observation of the kitchen and an interview with the Dietary Manager, the State Agency (SA) observed molded Italian sausages stored inside a box in the walk-in cooler. An open, undated container of garlic parmesan wing sauce was also found in the cooler. In the dry goods storage room, the SA observed a container of Cher Sazon salsa mild enchilada sauce with visible mold inside; the product label indicated "refrigerate after opening." The Dietary Manager confirmed and acknowledged the presence of molded food products in both the walk-in cooler and dry storage area and verified that these items were stored for resident use. On August 7, 2025, at 4:09 PM, during an interview with the Director of Clinical Services, she stated that her expectation is for dietary staff to check food storage daily. On August 7, 2025, at 5:09 PM, during an interview with the Administrator, he stated that his expectation is for the dietary department to rotate stock, follow manufacturer recommendations for storage and check food storage areas regularly.	M0815	Continued from page 12 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/25. On 8/4/25 Dietary Manager removed Italian Sausage and the opened garlic parmesan wing sauce and discarded. 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. All Residents have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education with the Dietary Manager and the dietary staff was conducted on 8/21/2025 by the Registered Dietician on food procurement and storage in a manner to maintain sanitation. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/22/25 by the Executive Director, Registered Dietician or the Dietary Manager two times weekly for 4 weeks then weekly for 2 months to ensure food is procured and stored in a manner to maintain sanitation. The Dietary Manager will check food storage daily on 8/11/2025 for 4 weeks then twice weekly for two months to ensure procurement and storage is sanitary Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	
M0855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products.	M0855	M 855 Nutritive Value /Appear, Palatable /Prefer Temp 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/25 and based on	09/10/2025

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M0855	Continued from page 13 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure meals were prepared and served to be visually appealing and palatable when buns were served saturated with beet or coleslaw juice, vegetables were not served separately from bread items causing texture changes, and residents received watery and overly salty processed turkey for 14 of 14 residents reviewed for food quality. (Resident #23, Resident #31, Resident #41, Resident #44, Resident #45, Resident #62, Resident #66, Resident #71, Resident #84, Resident #67, Resident #94, Resident #104, Resident #106 and Resident #110. Findings Include: Review of the facility policy titled, “Quality and Palatability” undated, revealed, “…Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident’s needs… 1. The Dining Service Director and Cook(s) are responsible for food preparation. Menu items are prepared according to the menu, production guidelines, and standardized recipes…4. The Cook(s) prepare food in accordance with the recipes, and season for region and or ethnic preferences, as appropriate. Cooks use proper cooking techniques to ensure color and flavor retention.5. Hot liquids, foods or bread beverages will be served in a container (mugs, cups, and bowls) that will minimize the potential for spillage. Review of the facility’s council minutes revealed the members also ask the dietary manager to attend the food committee meeting for May to discuss the food complaints. Review of the food committee meeting minutes dated 8/6/25 revealed the Committee complained the meat was tough and food too salty. On 7/2/25 the committee ask for bread and rolls to be placed in baggie’s and not on the same plate with food to keep their bread from being soggy. The residents were asked to be patient because the kitchen is short of staff at this time. On 6/5/25 the committee complained about the rice being under cooked and chicken was dry. On 4/3/25 the food committee meeting voiced complaints of too much salt on the residents’ meat. Observation on 08/05/2025 at 12:36 PM, the State Agency	M0855	Continued from page 13 findings the Executive Director and the Activities Director held a Resident Council Meeting on with Residents #23, #31, #41, #44, #45, #62, #66, #71, #84, #94, #104, #106 and #110 to review grievances and plan for resolution of grievances related to visually appealing and palatable food and over salted food . 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. All Residents have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education was provided to the Dietary Manager and the Dietary Staff on 8/21/2025 by the Registered Dietitian on following the recipe when preparing foods and ensuring food is served in a manner it is visually appealing and palatable. Vegetables and bread will be served in individual bowls to prevent consistency of food changing and resulting in a visually unappealing and palatable food. Dietary staff will follow recipe for preparation of food to prevent over salted food. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put in place. Quality Monitoring will be conducted beginning 8/20/25 by the Executive Director, Registered Dietician or the Dietary Manager two times weekly for 4 weeks then weekly for 2 months to ensure food is prepared according to menu, food is served in a manner not to change the consistency of the food and that the food served is visually appealing and palatable. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee beginning 9/10/25 monthly for 3 months.	

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M0855	Continued from page 14 (SA) observed a test tray which revealed all the food was placed on one plate. The juice and English peas were mixed with the mashed potatoes and turkey on one plate. On 08/05/2025 at 2:00 PM, the SA and Ombudsmen were invited to the residents' council meeting to discuss grievances. The residents revealed the food is not palatable. The food does not taste good. They eat the same food all the time. One week they had Asian chicken one day, honey chicken the next day and sweet and sour chicken the next day. The have complained about the processed turkey is watery and salty. They want real turkey. The residents explained all the food is placed on one plate. The residents stated they were served barbecue on hamburger buns with beets on the same plate. The buns were saturated with beet juice. The resident was also served hot dogs with coleslaw on the same plate. The buns were saturated with coleslaw juice. The residents said they have asked that the vegetables be placed in separate bowls. The residents stated they have expressed their complaints to the dietary manager and the Administrator, but nothing has changed. The Council members said when they explained their concerns to the Administrator, "appeared defensive." On 08/06/25 at 12:10 PM, the SA observed Resident #45 eating lunch in her room. The resident had a sausage dog with coleslaw on the same plate. The juice from the coleslaw caused the bun to be soggy. The resident said she was just going to eat the meat because the bun was soggy. During an interview on 8/7/25 at 10:15 AM, with the Activity Director, she explained that she attends all the resident council meetings to record the minutes. The Director confirmed the residents have been complaining for several months about the food not being appetizing or palliative. The grievances were given to the department heads. In-services were done but the complaints were never resolved. During an interview on 08/07/2025 at 11:00 AM, with Dietary #1 confirmed all the food is placed on one plate. The Dietary manager said the vegetables should be placed in a bowl. He has not had time to train Dietary #2. Dietary #2 has only been working for the facility for a couple of weeks. Dietary #1 said Dietary #2 was hired because he had a lot of cooking experience. He did not think he needed much training. During an interview on 08/07/2025 at 11:19 AM, with Dietary #2 the night cook confirmed he places all the	M0855		

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M0855	Continued from page 15 food on one plate. Dietary #2 stated he was not taught to put the vegetables in a separate bowl. Dietary #2 said he understands that the buns would get soggy and not taste good. Dietary #2 confirmed he fixed the barbecue sandwiches and beets on the same plate for dinner. He also confirmed he placed the sausage dogs on the same plate with the coleslaw. Dietary #2 said he did not know if the facility had small bowls that he could put the vegetables in, but he would ask. During an interview on 8/7/25 at 3:20 PM, the DON explained the residents have not complained to her about the food. She has only been in this position for two months. During an interview on 8/7/25 at 3:30 PM, the Administrator explained the dietary department has new employees that have not been trained appropriately. The Administrator said he's going to invest in education on how to cook meals to be appetizing and palliative. Resident council Members: Resident #23 A record review of Resident #23's "Admission Record" revealed the facility admitted the resident on 11/10/23 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #31 A record review of Resident #31's "Admission Record" revealed the facility admitted the resident on 1/18/20 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/2/25 revealed a BIMS score was not completed. Resident #41 A record review of Resident #41's "Admission Record" revealed the facility admitted the resident on 3/26/10 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an	M0855		

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M0855	Continued from page 16 ARD of 5/5/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #44 A record review of Resident #44's "Admission Record" revealed the facility admitted the resident on 5/9/24 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the resident's Quarterly MDS with an ARD of 6/27/25 revealed a BIMS score of 14, which indicated the resident was cognitively intact. Resident #45 Record review of the "Admission Record" revealed the resident was admitted on 4/16/24 with diagnoses that included congestive heart failure. Record review of the quarterly MDS with an ARD of 7/17/25 revealed a BIMS score of 09 indicating the resident had moderate cognitive impairment. Resident #62 A record review of Resident #62's "Admission Record" revealed the facility admitted the resident on 9/14/18 with diagnoses including Spinal Stenosis Lumbar Region with Neurogenic Claudication. A record review of the resident's Quarterly MDS with an ARD of 5/13/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #66 A record review of Resident #66's "Admission Record" revealed the facility admitted the resident on 7/9/25 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 8, which indicated the resident's cognition was moderately impaired. Resident #71 A record review of Resident #71's "Admission Record" revealed the facility admitted the resident on 1/2/25 with diagnoses including Hypertension. A record review of the resident's Quarterly MDS with an	M0855		

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M0855	Continued from page 17 ARD of 7/15/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #84 A record review of Resident #84's "Admission Record" revealed the facility admitted the resident on 7/18/20 with diagnoses including Osteoarthritis. A record review of the resident's Quarterly MDS with an ARD of 6/25/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #87 A record review of Resident #87's "Admission Record" revealed the facility admitted the resident on 6/16/14 with diagnoses including Quadriplegia. A record review of the resident's Quarterly MDS with an ARD of 7/1/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #94 A record review of Resident #94's "Admission Record" revealed the facility admitted the resident on 3/5/2013 with diagnoses including heart disease. A record review of the resident's Quarterly MDS with an ARD of 7/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #104 A record review of Resident #104's "Admission Record" revealed the facility admitted the resident on 3/9/21 with diagnoses including Bilateral Osteoarthritis of the knee. A record review of the resident's Quarterly MDS with an ARD of 5/16/25 revealed a BIMS score of 11, which indicated the resident's cognition was moderately impaired. Resident #106 A record review of Resident #106's "Admission Record" revealed the facility admitted the resident on 5/8/25 with diagnoses including Hypertension. A record review of the resident's admission MDS with an ARD of 5/14/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.	M0855		

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M0855	Continued from page 18 Resident #110 A record review of Resident #110's "Admission Record" revealed the facility admitted the resident on 9/26/22 with diagnoses including Cirrhosis of the Liver. A record review of the resident's Quarterly MDS with an ARD of 6/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.	M0855		
M0970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review the facility failed to maintain an effective pest control program to prevent and control insects when pest control services were limited to common areas, resident rooms with reported pest activity were not routinely treated, and gnat infestations were not addressed with appropriate treatment to prevent or eradicate pest for (13) of (14) residents interviewed during the resident council meeting. Residents #23, #31, #41, #44, #62, #66, #71, #84, #87, #94, #104, #106, #110. Findings include: Review of the facility policy titled, "Pest control" dated 11/3/2014, revealed, "Policy: The facility will maintain a pest control program, which includes inspection, reporting, and prevention. 1. A pest control contract will be maintained with licensed exterminator. 2. The contract will include routine quarterly inspections. 3. Treatment will be rendered as required to control insects and vermin. Any unusual occurrence or sighting of insects should be reported immediately to the supervisor... Proper action will be taken…" Review of the facility's council minutes dated 4/24/25 revealed the residents on the 200-hall stated that they have seen a lot of roaches in their rooms and hallways. The residents also complained about the roaches and gnats on the one hundred and two hundred halls. On 08/05/2025 at 2:00 PM, the SA and Ombudsmen were invited to the residents' council meeting to discuss	M0970	M 970 Safe/Clean/Comfortable /Homelike Environment 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) 8/12/2025 and based on findings the Executive Director ordered Pest Control for the rooms of Resident # 46, #94 and #110. On 8/6/2025 Executive Director and Maintenance Director checked linen availability and an order for linen was placed on 8/8/2025. 2) How you will identify other residents having potential to be affected by the same practice and what corrective actions will be taken. All Residents have the potential to be affected. (3) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur. Education was conducted on 8/12/ 2025, with the Executive Director and the Maintenance Director, by the Regional Maintenance Director on the Pest Control Program and ensuring Pest Control is provided in a manner to eliminate pest. The par level of linen availability to meet the needs of Residents was also addressed. The Maintenance Director will conduct an inventory of the par level for linen once monthly to ensure facility maintains an appropriate par level. Linen will be ordered monthly to meet appropriate par level. Pest control was provided 8/05/2025 to include resident rooms and common areas. New hires will be educated in orientation upon hire. (4) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality	09/10/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COASTAL HEALTH AND REHABILITATION CENTER	1530 BROAD AVE , GULFPORT, Mississippi, 39501

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M0970	Continued from page 19 grievances. The members complained about the roaches and gnats in their rooms. The Council members said when they explained their concerns to the Administrator, he “appeared defensive.” During an interview on 08/05/2025 at 3:17 PM, with the Pest Control Technician explained that he comes once a month and if the facility needs extra treatment. The Pest Control Technician said he follows the person that the facility assigns him to follow, normally it's the Maintenance Director. The Technician said he normally sprays the common areas. The facility employees do not normally take him to the residents' rooms. The Technician said he sprayed a couple of residents rooms when the residents ask during his tour. The Technician explained the roaches will go to the residents' rooms from the commons area because those areas are not treated. The Technician explained that the chemicals that he uses for the facility do not work for gnats. The facility will have to order another chemical to treat the gnats. The facility did not let him know they were having problems with gnats. During an interview on 8/7/25 at 10:15 AM, with the Activity Director, she explained that she attends all the resident council meetings to record the minutes. The Director confirmed the residents have been complaining for several months about the roaches and gnats. The grievances were given to the department heads. In-services were done but the complaints were never resolved. During an interview on 8/7/25 at 2:00 PM, with the Maintenance Director he stated he is the supervisor for maintenance, laundry and housekeeping. The Maintenance Director confirmed the residents had complained about the roach’s and gnats. The Director said he has called the pest control out several times. The director confirmed that the pest control people do not go into the residents’ rooms. They only treat the common areas. The Director said the facility was using another company that provided a drain gel that assists with the gnats. The company that they use now does not have a gel drain. During an interview on 8/7/25 at 3:20 PM, the Director on Nursing (DON) said she did not know the residents were complaining about roaches and gnats. She stated she has only been in this position for two months. During an interview on 8/7/25 at 3:30 PM, the Administrator confirmed he had seen dead roaches in the facility. The Administrator said pest control comes monthly. He did not know the technician was not going	M0970	Continued from page 19 assurance program will be put in place. Quality Observation will be conducted twice a week for 4 weeks then weekly for two months beginning 8/20/2025 by the Maintenance Director, Executive Director, and Regional Maintenance Director of resident rooms and common areas to ensure pests are not present and linen availability to ensure a par level is available to meet the Resident’s needs. Findings will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee starting 9/10/25 monthly for 3 months.	

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M0970	Continued from page 20 into the residents' rooms. He did not know the chemical does not work for gnats. The Administrator said going forward he's going to have the pest control treat the residents' rooms and use the correct chemicals to get rid of the gnats. Resident council Member: Resident #23 Record review of Resident #23's "Admission Record" revealed the resident was admitted to the facility on 11/10/2023 with medical diagnoses that included Type 2 Diabetes Mellitus without complications. Record review of Resident #23's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Resident # 31 Record review of Resident #31s "Admission Record" revealed the resident was admitted to the facility on 1/18/20 with medical diagnoses that included Type 2 Diabetes Mellitus without complications. Record review of Resident #31's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed she had a Brief Interview for Mental Status (BIMS) score was not done. Resident #41 Record review of Resident #41's "Admission Record" revealed the resident was admitted to the facility on 3/26/10 with medical diagnoses that included Type 2 Diabetes Mellitus without complications. Record review of Resident #41's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Resident #44 Record review of Resident #44's "Admission Record" revealed the resident was admitted to the facility on 5/9/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease. Record review of Resident #44's Quarterly Minimum Data	M0970		

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M0970	Continued from page 21 Set (MDS) with an Assessment Reference Date (ARD) of 6/27/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact. Resident #62 Record review of Resident #62's "Admission Record" revealed the resident was admitted to the facility on 9/14/18 with medical diagnoses that included Spinal Stenosis Lumbar region with Neurogenic Cloudification. Record review of Resident #62's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Resident #66 Record review of Resident #66's "Admission Record" revealed the resident was admitted to the facility on 7/9/25 with medical diagnoses that included Type 2 Diabetes Mellitus without complications. Record review of Resident #66's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 8, which indicated she was cognitively impaired. Resident #71 Record review of Resident #71's "Admission Record" revealed the resident was admitted to the facility on 1/2/25 with medical diagnoses that included Hypertension. Record review of Resident #71's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Resident #84 Record review of Resident #84's "Admission Record" revealed the resident was admitted to the facility on 7/18/20 with medical diagnoses that included Osteoarthritis. Record review of Resident #84's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/25/25 revealed she had a Brief Interview for Mental	M0970		

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M0970	Continued from page 22 Status (BIMS) score of 15, which indicated she was cognitively intact. Resident #87 Record review of Resident #87's "Admission Record" revealed the resident was admitted to the facility on 6/16/14 with medical diagnoses that included Quadriplegic. Record review of Resident #87's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she was cognitively intact. Resident #94 Record review of Resident #94's "Admission Record" revealed the resident was admitted to the facility on 3/5/24 with medical diagnoses that included heart disease. Record review of Resident #94's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/23/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Resident #104 Record review of Resident #104's "Admission Record" revealed the resident was admitted to the facility on 3/9/21 with medical diagnoses that included bilateral Osteoarthritis of the knee. Record review of Resident #104's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 11, which indicated she was cognitively intact. Resident #106 Record review of Resident #106's "Admission Record" revealed the resident was admitted to the facility on 5/8/25 with medical diagnoses that included Hypertension. Record review of Resident #106 s Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.	M0970		

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M0970	Continued from page 23 Resident #110 Record review of Resident #110's "Admission Record" revealed the resident was admitted to the facility on 9/26/22 with medical diagnoses that included Cirrhosis of the Liver. Record review of Resident #110's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.	M0970		