

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255244		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/02/2025	
NAME OF PROVIDER OR SUPPLIER SUNPLEX SUB-ACUTE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6520 SUNSCOPE DRIVE , OCEAN SPRINGS, Mississippi, 39564			
(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	
F0000	INITIAL COMMENTS The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #2636601, CI MS #2638094, and CI MS #2665222), at the facility from 12/1/25 through 12/2/25. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. MS #2636601 was investigated for Activities of Daily Living (ADLs), negligence and staffing. MS #2638094 was investigated for staffing and ADLs. There were no citations related to those complaints. MS #2665222 was a facility reported incident (FRI) investigated for misappropriation of resident property and F602 was cited. Based on the facility's implementation of corrective Actions on 11/9/25, the SA determined the deficiency to be Past Non-Compliance (PNC) and corrected as of 11/11/25, prior to the SA's entrance on 12/1/25. However, the facility remains out of compliance due to deficiencies cited on the 10/28/25 survey. The facility had a census of 54 and was licensed for 73 beds		F0000			12/10/2025	
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to protect Resident #1 from misappropriation of property when a Certified Nurse Aide (CNA) removed the resident's debit card without permission and used it at multiple locations for unauthorized purchases for one (1) of four (4)		F0602	"Past Noncompliance - no plan of correction required"		12/10/2025	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0602 SS = D	Continued from page 1 residents sampled. Resident #1 Findings include: A review of the facility's "ABUSE AND NEGLECT POLICY AND PROCEDURE" revised, 10/21/25, revealed, "...Policy: To provide a safe environment for all residents free of abuse...Procedure...II. Types of Abuse...7. Misappropriation of Resident Property means "the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent..." A review of the facility's incident documentation, with an "Incident Date" of 11/6/25, revealed that on 11/9/25, the Administrator received a report that Resident #1's bank card was missing and that multiple unauthorized charges occurred between 11/6/25 and 11/9/25. The local police department was notified on 11/9/25, and the State Agency and Attorney General's Office were notified on 11/10/25. Resident #1 reported that her debit card was used at local liquor stores, gift shops, and a local hotel. She also reported concerns regarding CNA #1, who had been encouraging her to attend activities with him. The Administrator conducted interviews with staff who were involved in Resident #1's care. The Administrator contacted the local hotel, which confirmed that CNA #1 appeared on the hotel registry. The facility immediately suspended CNA #1 and notified local law enforcement. Through the facility's investigation, it was determined that CNA #1 removed Resident #1's debit card from her purse on 11/6/25 and used it repeatedly until the card was disabled by the bank on 11/9/25. The resident pressed charges. The facility initiated staff in-services related to abuse, neglect, and misappropriation of resident property. A record review of the local police department report dated 11/9/25 revealed a complaint involving a stolen debit card. Resident #1 informed police that her bank contacted her after identifying unauthorized transactions occurring from 11/7/25 to 11/9/25. On 11/11/25, the police received confirmation from the facility's Administrator that CNA #1 had used Resident #1's debit card to purchase a hotel room and had used his personal Mississippi identification card to make the reservation. A record of the "Admission Record" revealed Resident #1 was admitted by the facility on 6/25/25 with diagnoses including Chronic Obstructive Pulmonary Disease with (Acute) Exacerbation.		F0602				

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F0602 SS = D	Continued from page 2 A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/30/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. On 12/1/25 at 3:10 PM, an interview with Resident #1 confirmed that she received a phone call from her bank, informing her of the purchases. The resident revealed her card was used at local liquor stores, gift shops, and a local hotel. The resident revealed that CNA #1 was acting strange always asking her to go to activities. The bank reimbursed her for the charges and reimbursed the funds that were stolen. She confirmed that she had pressed charges against the CNA with local police department. On 12/2/25 at 11:20 AM, during a phone interview, CNA #1 provided conflicting information regarding who possessed or used the resident's debit card. CNA #1 alternated between claiming multiple staff used the card and claiming it had been handed to him by another employee. CNA #1 confirmed that he had used Resident #1's bank card multiple times. On 12/2/25 at 11:25 AM, during an interview with the Administrator, she confirmed that she was notified on 11/9/25 that Resident #1's bank card was missing and that there was \$500.00 unauthorized charges. The Administrator began her investigation and reported the allegation to the local police on 11/9/25 and the SA/AGOs office on 11/10/25. During their investigation they came to the conclusion that CNA #1 was responsible for using Resident #1 bank card and using it for \$500.00 in unauthorized charges. The facility interviewed all staff that was working in the resident's room area. The facility does not have video surveillance. The AGOs office revealed they contacted CNA #1 and he admitted to driving his car to multiple locations and using Resident #1's bank card to purchase, gas, liquor, food, and a hotel room. Based on the facility's implementation of corrective actions on 11/11/25, the State Agency (SA) determined the deficient to be Past Non-Compliance (PNC), and the deficiency was corrected as of 11/11/25, before the SA's entrance on 12/1/25. Validation: The SA validated on 12/2/25 through interview and record review, that all corrective actions had been implemented as of 11/11/25 and the facility was in compliance, prior to the SA's entrance on 12/1/25.		F0602				

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