Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNPLEX SUB-ACUTE CENTER	**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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. 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 M500 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.	M0000		12/10/2025
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;	M0500	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.	12/10/2025

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

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M0500	Continued from page 1 3. is assured of adequate and appropriate medical care, 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;	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 his medical record); 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 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) 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	M0500		

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M0500	Continued from page 4 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. 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 stollen. 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	M0500		

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M0500	Continued from page 5 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.	M0500		