STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255290	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DRIFTWOOD NURSING CENTER	**1500 BROAD AVENUE , 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey and Complaint Investigation (CI MS #2708018) at the facility from 1/26/26 through 1/29/26. CI MS #2708018 was investigated for nursing services and there were no citations related to the complaint. During the recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F628, F640, and F880. The facility had a census of 105 and was licensed for 151 beds.	F0000		
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy	F0628		

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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F0628 SS = D	Continued from page 1 of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30	F0628		

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F0628 SS = D	Continued from page 2 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure	F0628		

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F0628 SS = D	Continued from page 3 In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.	F0628		

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F0628 SS = D	Continued from page 4 (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to provide the specific reason and basis for a hospital transfer in plain language for one (1) of two (2) residents sampled for hospitalization. Resident #54. Findings include: A review of the facility's policy, "Transfer and Discharge (including AMA) (Against Medical Advice)" date implemented 02/05/2025, revealed, "…Definitions: … 'Transfer and Discharge' includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical place or not… Policy Explanation and Compliance Guidelines: … 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all the following at the time it is provided: a. The specific reason and basis for transfer or discharge…" A record review of the "Admission Record" revealed the facility admitted Resident #54 on 12/3/25 with diagnoses including Type 2 Diabetes Mellitus. A record review of the "Progress Notes" revealed Resident #54 had a "Nurse's Note", effective 1/6/26 at 9:51 AM, for "…Transferring resident to ER (Emergency Room) for evaluation of AMS (Altered Mental Status) ...". A record review of the "Notice of Resident Transfer or Discharge" notification with an effective date of 1/6/26 at 10:43 AM revealed Resident #54 was being transferred and the "reason for transfer/discharge" was listed as "AMS." There was no further clarification or listing in plain language. On 1/27/26 at 3:10 PM, during an interview with the Unit Coordinator, she reported Resident #54 was sent to	F0628		

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F0628 SS = D	Continued from page 5 the Emergency Room and did not return to the facility. She reported she was responsible for mailing the "Notice of Resident Transfer or Discharge" notifications to the responsible representative (RR). She reported she was aware the notice must include the required information, including the specific reason in the language and manner the RR can understand. She reviewed Resident #54's "Notice of Resident Transfer or Discharge" notification and confirmed the reason for transfer or discharge was documented as "AMS," which she explained meant altered mental status, and the reason was not explained in a language or manner they would understand. She reported the reason was documented as "AMS" in error and she knew to include the specific reason. On 1/28/26 at 3:00 PM, during an interview with the Administrator, she reported she was informed for the issue with the reason of transfer documentation for Resident #54. She reported she expected the forms to be completed accurately according to federal guidelines.	F0628		
F0640 SS = E	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits	F0640		

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F0640 SS = E	Continued from page 6 defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to transmit resident assessments to the Centers for Medicare and Medicaid Services (CMS) within (14) days of completion for two (2) of (2) sampled residents (Residents #23 and #95), with the potential to affect all (14) residents who triggered for a late Resident Assessment. Findings include: A review of the facility's "MDS (Minimum Data Set) Policy," revised 1/10/24, revealed, "…Standard…I. The CMS Long-Term Care Facility Resident Assessment Instrument User's Manual is the primary source of information for completion of an MDS assessment. II. Timing, scheduling, and completion of MDS assessments and entry and discharge reporting will be carried out	F0640		

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F0640 SS = E	Continued from page 7 per the guidelines set forth in the Long-Term Care Facility Resident Assessment Instrument User's Manual version 3.0… IX Transmission of MDS…Comprehensive assessments must be transmitted electronically within fourteen (14) days of the care plan completion date… All other MDS assessments must be submitted within (14) days of the MDS completion date." Resident #23 A record review of the "Admission Record" revealed the facility admitted Resident #23 on 11/3/17 with diagnoses including Legal Blindness. A record review of the facility's "IQIES Report MDS 3.0 Final Validation Report" revealed the "Submission Date/Time: 01/26/2026" with "Message: Record Submitted Late: The submission date is more than 14 days…" Resident #95 A record review of the "Admission Record" revealed the facility admitted Resident #95 on 9/6/25 with diagnoses including anxiety disorder. A record review of the facility's "IQIES Report MDS 3.0 Final Validation Report" revealed the "Submission Date/Time: 01/26/2026" with "Message: Record Submitted Late: The submission date is more than 14 days…" On 1/29/26 at 12:00 PM, during an interview, Registered Nurse (RN) #2 and RN #3, both MDS Nurses, confirmed the resident assessments for Residents #23 and #95 were completed but transmitted late. They explained they were unable to transmit the assessments timely due to additional responsibilities, including floor nursing coverage and staffing duties during the holiday period. On 1/29/26 at 12:30 PM, during an interview, the former Director of Nursing (DON) and the current DON stated their expectation was for all MDS assessments to be transmitted in accordance with CMS guidelines. They reported changes were implemented to remove staffing and the DON responsibilities from MDS nurses to allow timely completion and transmission of assessments. On 1/29/26 at 1:00 PM, during an interview, the Administrator stated she expected all MDS assessments to be transmitted in compliance with CMS requirements. She confirmed she became aware of the late MDS transmissions following a case mix review and reported MDS nurses had been utilized for floor coverage. She stated changes were being made to improve MDS timeliness and oversight.	F0640		

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F0640 F0880 SS=E SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.	F0640 F0880		

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F0880 SS = D	Continued from page 9 (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to maintain infection prevention and control practices by allowing a resident meal tray to be stored in a biohazard room for one (1) of two (2) observations. Findings include: A record review of the facility's policy, "Infection Prevention and Control Policy Program", dated 2/1/25, revealed, "This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary…environment…" On 01/28/2026 at 9:21 AM, during an observation with Housekeeper/Maintenance #1, there was a biohazard room on the north wing near the nurse's station. The room was marked with a biohazard logo and secured with keypad entry. Inside the room, there was a resident food tray that was placed beneath posted signage indicating food and utensils were not to be placed in the room. The tray contained a meal preference ticket identifying Resident #35 and indicated a dinner meal dated 1/27/2026. Housekeeping/Maintenance Staff #1 confirmed the tray should not have been in the	F0880		

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F0880 SS = D	Continued from page 10 biohazard room and stated he was unaware it had been left there and did not know who placed it there. On 01/28/2026 at 2:15 PM, in an interview with Infection Preventionist/Registered Nurse (RN) #1, she stated staff are trained during orientation and ongoing infection control education not to place food trays or utensils in biohazard rooms and that trays are to be returned directly to the kitchen. RN#1 stated this expectation is included in new-hire orientation and quarterly infection control and safety education. On 01/29/2026 at 10:40 AM, North Hall Charge Nurse/Licensed Practical Nurse (LPN) #1 stated staff are trained to return all meal trays to the kitchen but reported that second-shift staff frequently place trays in the biohazard room instead of returning them to the dietary department. LPN #1 stated she checks the biohazard room daily for trays and confirmed staff is aware that trays are not to be placed in the room. On 01/29/2026 at 11:00 AM, Dietary Department (DD) #1/Dietary Manager, stated that dietary staff leave the kitchen at 8:00 PM and the dietary department door is locked at that time while the dining hall remains open. He stated nursing staff have a key for access after-hours, and he was unsure where staff placed meal trays after dietary staff leave for the day. On 01/29/2026 at 11:05 AM, DD #2 stated the dietary department door is locked after kitchen staff leave and nursing staff may return trays to the dietary window for collection and washing the next morning. On 01/29/2026 at 11:30 AM, during a follow-up interview and observation with RN#1 and Housekeeping/Maintenance Staff #1, the biohazard room was confirmed to contain soiled linens and was restricted by keypad entry. Both confirmed the room was not accessible to residents or visitors and that the tray would have been placed in the room by facility staff. On 01/29/2026 at 1:11 PM, the Administrator stated staff are expected to return all dirty trays and dishes to the dietary department and that trays are not to be placed in biohazard rooms because it created an infection control concern and pest risk.	F0880		