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 04/15/2026

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 seven (7) Complaint Investigations (CI MS #2979025, CI MS #2969324, CI MS #2969707, CI MS #2969222, CI MS #2799897, CI MS #2794912, and CI MS #2793062, at the facility from 4/13/26 to 4/15/26. CI MS #2979025 was investigated for discharge planning, CI MS #2969324 was investigated for falls, CI MS #2969707 was investigated for staffing and residents left wet and soiled, CI MS #2969222 was investigated for falls, CI MS #2799897 was investigated for falls and nursing services, CI MS #2794912 was investigated for resident rights related to visitation, and CI MS #2793062 was investigated related to supplies and improper incontinence care. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited.	M0000		

Office of Primary Care and Health Systems Management

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