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 05/12/2026

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 a Complaint Investigation (CI), MS #2996239 at the facility from 05/11/2026 through 05/12/2026. CI MS #2996239 was investigated related to accidents. 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 M640.	M0000		
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to analyze falls and implement interventions to reduce the risk for recurrence for two (2) of three (3) residents reviewed for falls. Resident #1 and Resident #2. Findings include: A review of the facility's policy, "Fall Prevention Program," revised 11/7/25, revealed "… Each resident will be assessed for fall risk and will receive care and services in accordance with their individual level of risk to minimize the likelihood of falls … Policy Explanation and Compliance Guidelines: … 9. When any resident experiences a fall, the facility will … f. Review the resident's care plan and update … g. Document all assessments and actions…" Resident #1 A record review of the "Admission Record" revealed the facility admitted Resident #1 on 12/22/25, with a re-entry on 3/20/25 and had diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side. A record review of the 5-Day Minimum Data Set	M0640		

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

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 05/12/2026

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
M0640	Continued from page 1 (MDS) with an Assessment Reference Date (ARD) of 4/23/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of zero (0), which indicated the resident's cognition was severely impaired. A record review of Resident #1's "Fall" documentation, dated 4/7/26 at 1:42 AM, revealed "… Incident location: Resident's room … Resident was observed sliding out of bed onto the floor mat at approximately 1:42 AM. No signs or symptoms of injury noted at this time. Full body audit completed with no abnormalities observed … MD (medical doctor) was notified with no new orders received. Attempted to notify responsible party multiple times; however, contact was unsuccessful. Resident assisted back to bed safely …" There was no documentation indicating the identification of measures to reduce the hazards or risks, no root cause for the fall was identified, and no intervention was developed to prevent recurrence. On 5/11/26 at 3:40 PM, during an interview and observation of Resident #1, the resident's room door was closed. Resident #1 was observed lying in bed on her right side asleep with eyes closed. The bed was in a low position. Fall mats were noted on both sides of the bed. One-half side rails were observed up times two (x2), and pillows were noted to each side of Resident #1. During an interview, Resident #1's daughter, who was the resident's Responsible Representative (RR), voiced complaints about her mother falling and stated she felt nothing was done or explained to her about the falls. She stated she felt as if the Director of Nursing (DON) ignored her requests for information and would tell her the falls were under investigation. She stated she was not aware of any new interventions put into place since Resident #1 had experienced falls. Resident #2 A record review of the "Admission Record" revealed the facility admitted Resident #2 on 2/13/26 with diagnoses including Encounter for Surgical Aftercare Following Surgery on the Digestive System. A record review of the 5-Day Assessment Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/26 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of twelve (12), which indicated the resident's cognition was moderately impaired. A record review of the "Fall" documentation, dated 4/2/26 at 7:47 PM, revealed, "… Incident location:	M0640		

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 05/12/2026

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
M0640	Continued from page 2 Resident's room … 75-year-old female resident was found on the floor lying on her left side. Upon assessment, resident was alert and stated that she slid out of her chair onto the floor after returning from bathroom …" There was no documentation indicating the identification of measures to reduce the hazards or risks, no root cause for the fall was identified, and no intervention was developed to prevent recurrence. On 5/11/26 at 5:00 PM, during an interview with Registered Nurse (RN) #1, he reported when a resident has a fall, whoever finds the resident will notify the nurse, and the nurse will assess the resident and notify the family and physician. On 5/12/26 at 9:05 AM, during an observation and interview with Resident #2, she reported she had been at the facility about two (2) months. She reported she had experienced one (1) fall since being admitted to the facility but was doing better now. On 5/12/26 at 10:45 AM, during an interview with Licensed Practical Nurse (LPN) #2, she reported she was aware a new intervention should be implemented after each fall to prevent further falls. She reported the former DON did not hold daily morning clinical meetings, and the MDS department was not informed of falls or interventions. She stated interventions are a team effort and reported morning meetings were now being conducted since the interim DON had been in place. On 5/12/26 at 1:30 PM, during an interview with the DON, she reported she was aware a new intervention must be put into place to prevent further falls. She explained since becoming interim DON, she had started conducting daily clinical meetings, and the staff were trying to work together on incident reports, falls, and new interventions. She stated she expected the team to work together to determine new interventions after each fall to prevent further falls. She confirmed after reviewing the fall documentation that no new interventions were put into place following the falls for Resident #1 on 4/7/26 and Resident #2 on 4/2/26. On 5/12/26 at 1:45 PM, during an interview with the Administrator, he explained he was aware fall and incident reports were expected to include new interventions after each fall to prevent additional falls. He stated he expected staff and the interdisciplinary team to follow regulations and implement new interventions after each fall.	M0640		