STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255341	A. BUILDING _____ B. WING _____	C 05/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	11240 CANAL ROAD GULFPORT, MS 39503

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F 000	INITIAL COMMENTS The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #21107, CI MS #20900, and CI MS #20690), at the facility from 05/16/23 through 05/18/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated MS #20900 for Infection control, Dietary, and Discharge Rights and cited no deficiencies. The SA investigated MS #20690 for Accidents, Resident Assessment, Environment, Resident left wet for extended periods, and Facility Staffing and cited no deficiencies related to the investigation. The SA investigated MS #21107 related to Abuse and cited F609 and F610. The facility held a license for 90 with a census of 72.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and	F 609		6/30/23

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

Electronically Signed | 06/09/2023

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F 609	Continued From page 1 adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review, the facility failed to report an allegation of abuse to the facility Administrator and the State Agency (SA) in a timely manner for one (1) of five (5) Residents reviewed for abuse. Resident #3 Findings include: Review of the facility's policy, "Seven Components to Reduce, Detect and Prevent Abuse and Neglect", dated 06/19, revealed, " ...Report and Investigate - The facility puts in place measures that facilitate and assure the reporting of abuse and neglect. The facility also assures timely, thorough and objective investigations of all allegations of abuse, neglect or mistreatment ...' Review of the facility's Administrative Manual document, "Abuse/Crime Reporting (Elder Justice Act)", dated 7/11, revealed, " ...The law stipulates that staff members who witness suspicious activity that could "result in serious bodily injury" shall report that suspicion immediately but not	F 609	- Resident #3 was assessed on 3/26/23 by Registered Nurse Supervisor #1 with no adverse findings noted. Licensed Practical Nurse (LPN) #1 and LPN #2 were in-serviced on Abuse/Neglect and timely reporting on 3/27/23 by facility Administrator. -All residents have the potential to be affected. -Facility staff were in-serviced by the Facility Administrator on 5/18/23 regarding "Seven Components to Reduce, Detect and Prevent Abuse and Neglect". The facility Medical Director reviewed the policy "Seven Components to Reduce, Detect and Prevent Abuse and Neglect" with no recommended changes to the policy on 6/9/23. The facility Quality Assessment and Assurance Committee met on 6/9/23 to review the plan of correction for F Tag 609. -Beginning 6/9/23, the facility	

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F 609	Continued From page 2 later than two (2) hours after forming the suspicion...The staff must report the suspicion of an incident to the facility Administrator within the appropriate time frames. Failure to report in the required time frames may result in disciplinary action including up to termination..." Record review of a handwritten statement by Registered Nurse (RN) #1, dated 3/26/23 at 3:57 PM, revealed, "At the start of my shift approximately 7:30 AM the nurse ...came to speak to me. She informed me that a CNA (Certified Nursing Assistant) ...had been in a verbal altercation with a resident ...The altercation happened 3/25/23 at approximately 10:30 PM per staff report ...I assured her we would report the incident higher and get to the bottom of this ..." Review of the Complaint Intake revealed the SA received a Facility Reported Incident (FRI) on 03/28/23 at 4:39 PM, related to an allegation of abuse involving Resident #3 and CNA #1. During an interview on 5/16/23 at 11:00 AM, with License Practical Nurse (LPN)#1, she confirmed she did not notify the Administrator that Resident #3 alleged CNA #1 placed her hand in her face and pushed her backwards. LPN #1 said she did not realize alleged abuse should be reported immediately. LPN #1 said at that time she could not prove CNA #1 had abused Resident #3. LPN #1 confirmed she should have reported to the Director of Nursing (DON) and the Administrator immediately. During an interview on 5/16/23 at 11:30 AM, with LPN #2, she confirmed she did not report the alleged abuse to the DON or the Administrator immediately. LPN #2 said she wrote a letter and	F 609	Administrator will monitor nurses notes for possible incidents 3 times weekly for four weeks and then 4 times monthly for two months to ensure ongoing compliance for F tag 609 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 6/30/2023.	

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F 609	Continued From page 3 placed it under the Administrator's door explaining the disagreement. LPN #2 said she did not realize it should have been reported immediately until the Administrator called her and in-serviced everybody on Abuse/Neglect, Vulnerable Adult, and Reporting. During an interview on 5/18/23 at 10:30 AM, with the Administrator, she confirmed she was notified of the alleged abuse the following morning on 3/26/23. The Administrator revealed RN #1 told her Resident #3 had accused CNA #1 of placing her hand in her face and pushing her backwards on 3/25/23 at 10:30 PM. The Administrator said she immediately started an investigation and conducted an in-service for the staff on Abuse/Neglect and Reporting. The Administrator said she reported the alleged abuse to the SA and to the resident's family. The Administrator revealed the staff had been provided with education on abuse and reporting upon hire and that abused should be reported to the DON and the Administrator immediately. Record review of the "Face Sheet" revealed the facility admitted Resident #3 on 2/17/23, with a diagnosis of Encephalopathy. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/24/23 revealed Resident#3 had a Brief Interview of Mental Status (BIMS) score of 11, which indicated her cognition was moderately impaired.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse,	F 610		6/30/23

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F 610	Continued From page 4 neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to assure in response to an allegation of abuse, the resident was protected from further abuse while the investigation was in progress for one (1) of five (5) residents reviewed for abuse. Resident #3 Findings include: Review of the facility's policy, "Seven Components to Reduce, Detect and Prevent Abuse and Neglect", dated 06/19, revealed, " ...Protect - The facility seeks to support and protect individuals receiving services, their families and staff. Additionally, the facility makes an effort to protect individuals from abuse and neglect during investigation of allegations of abuse or neglect. Report and Investigate - The facility puts in place measures that facilitate and assure the reporting of abuse and neglect. The	F 610	- Resident #3 was assessed on 3/26/23 by Registered Nurse Supervisor #1 with no adverse findings noted. Certified Nursing Assistant (CNA) #1 has not worked any additional shifts at facility since 3/26/23. -All residents have the potential to be affected. -Facility staff were in-serviced by the Facility Administrator on 5/18/23 regarding "Seven Components to Reduce, Detect and Prevent Abuse and Neglect." The facility Medical Director reviewed the policy "Seven Components to Reduce, Detect and Prevent Abuse and Neglect" with no recommended changes to the policy on 6/9/23. The facility Quality Assessment and Assurance Committee	

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F 610	Continued From page 5 facility also assures timely, thorough and objective investigations of all allegations of abuse, neglect or mistreatment ..." Review of the Complaint Intake revealed the State Agency (SA) received a Facility Reported Incident (FRI) from the facility on 03/28/23 at 4:39 PM, related to an allegation of abuse involving Resident #3 and Certified Nursing Assistant (CNA) #1. The report indicated that on 3/25/23 at 10:30 PM, Resident #3 alleged that Certified Nurse Aide (CNA) #1 pushed her in the face while she was attempting to leave her room. During an interview on 5/16/23 at 11:00 AM, Licensed Practical Nurse (LPN) #1, who was working the during the time of the abuse allegation, revealed that she did not realize that an alleged abuse should be reported immediately and did not call the Director of Nursing (DON) or the Administrator. During an interview with on 5/16/23 at 11:30 AM, Licensed Practical Nurse (LPN) #2, who was also working at the time of the abuse allegation, and assigned to the care of Resident #3, revealed that she did not send CNA #1 home the night of the allegation. The nurse explained that she had written a letter and left it under the Administrator's door regarding the incident. LPN #2 explained that she did not realize the allegation should have been reported immediately until the Administrator called her and reviewed the policies of abuse and reporting policies. During an interview on 5/17/23 at 10:45 AM, Registered Nurse (RN) #1 revealed he was the weekend supervisor and that Resident #3 asked to speak to him when he came in to work on	F 610	met on 6/9/23 to review the plan of correction for F Tag 610. -Beginning 6/9/23, the facility Administrator will monitor nurses notes for possible incidents 3 times weekly for four weeks and then 4 times monthly for two months to ensure ongoing compliance with F tag 610 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 6/30/2023.	

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F 610	Continued From page 6	F 610		

3/26/23 and told him about the incident that occurred the night before with CNA #1. RN #1 stated that he immediately notified the Administrator and the Administrator came into the facility and began an investigation.

During an interview on 5/18/23 at 10:00 AM, the DON confirmed that CNA #1 was allowed to continue to work the full shift after the allegation of abuse was made.

An interview on 5/18/23 at 10:30 AM, with the Administrator revealed that once she was notified of the alleged abuse, she began an investigation and called the local contract agency that employed CNA #1 and reported the accusation to them and asked that CNA #1 not return to the facility anymore due to the alleged physical abuse.

Review of the facility's Time Sheet," dated 3/25/23, revealed CNA #1 clocked in at 7:00 PM and clocked out at 6:30 AM the next morning.