

Mississippi State Department of Health

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>07/15/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>GULFPORT CARE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11240 CANAL ROAD , GULFPORT, Mississippi, 39503</b>                          |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| M0000                                                       | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | M0000               |                                                                                                                          |  |                                                 |  |
| M0500                                                       | <p>45.17.2 Residents' Rights</p> <p>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:</p> <p>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;</p> <p>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;</p> <p>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</p> |                                                    | M0500               |                                                                                                                          |  |                                                 |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Mississippi State Department of Health

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| M0500                                                       | <p>Continued from page 1<br/>participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>7. is free from mental and physical abuse;</p> <p>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;</p> <p>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;</p> | M0500                                              |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| M0500                                                           | <p>Continued from page 2</p> <p>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;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>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);</p> <p>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);</p> <p>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 his medical record);</p> <p>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</p> <p>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.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> | M0500                                                 |                                                                                                                          |                                                                                                     |  |                                                     |  |

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| M0500                                                       | <p>Continued from page 3<br/>Level II</p> <p>Based on record review, interviews, and facility policy review, the facility failed to ensure a resident received physician-ordered dialysis treatment by failing to arrange alternate transportation after becoming aware the scheduled transportation provider was unavailable due to a holiday, for one (1) of three (3) residents reviewed for dialysis services (Resident #1).</p> <p>Findings include:</p> <p>A review of the facility's policy titled, "Non-Emergency Transportation for Residents Policy", review date 7/25, revealed, "1. Nursing facilities may ask family members, Resident Representative or friends of residents to transport residents who require non-emergency transportation. This includes transportation for medical appointments as well as transportation to and from another health facility and the nursing facility. 2. If a family member or friend is not available to transport the resident, the facility is responsible for either transporting the resident or arranging for transportation for the resident..."</p> <p>A review of the facility's policy titled, "Physician Orders", review date 5/26, revealed, "It is the policy of this facility that all physician orders shall be implemented timely and carried out in a professional manner..."</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 6/11/26 with diagnoses including Dependence on Renal Dialysis.</p> <p>A record review of the Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/3/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 11, indicating her cognition was moderately impaired.</p> <p>A record review of Resident #1's "Order Summary Report" revealed an active Physician order dated 06/26/2026 for dialysis every Tuesday, Thursday, and Saturday at 11:00 AM.</p> <p>A record review of the "View Progress Note" revealed that on 07/04/2026 at 11:54 AM, the dialysis clinic contacted the facility after Resident #1 failed to arrive for the scheduled dialysis treatment. Facility staff contacted the transportation company and were informed transportation services were unavailable on 07/04/2026 due to the holiday.</p> |                                                    | M0500               |                                                                                                                          |  |                                                 |  |

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| M0500                                                       | <p>Continued from page 4</p> <p>On 07/15/2026 at 10:30 AM, during a telephone interview, the dialysis clinic Social Worker stated Resident #1 missed the scheduled dialysis treatment on 07/04/2026 after the facility failed to provide transportation.</p> <p>On 07/15/2026 at 12:00 PM, during an interview, the Director of Nursing confirmed Resident #1 missed the scheduled dialysis treatment on 07/04/2026 after transportation was unavailable due to the holiday. The Director of Nursing acknowledged the facility did not arrange alternate transportation and stated staff should have arranged alternate transportation or contacted the physician or Nurse Practitioner for further direction.</p> <p>On 07/15/2026 at 1:00 PM, during a telephone interview, the transportation company representative stated the facility was notified on 07/02/2026 or 07/03/2026 that transportation services would not be available on 07/04/2026 because of the holiday.</p> <p>On 07/15/2026 at 1:15 PM, during a telephone interview, the Nurse Practitioner stated she was unaware Resident #1 missed the scheduled dialysis treatment because she was not notified by facility staff.</p> <p>On 07/15/2026 at 1:25 PM, during a telephone interview, Licensed Practical Nurse (LPN) #2 stated the dialysis clinic contacted the facility on 07/04/2026 after Resident #1 failed to arrive. LPN #2 contacted the transportation company's on-call representative and was informed transportation services were unavailable because of the holiday. LPN #2 stated no alternate transportation was arranged and the resident remained at the facility.</p> <p>On 07/15/2026 at 2:00 PM, during an interview, the Transportation Coordinator stated he received notice on 07/03/2026 at approximately 4:15 PM that transportation would not be available on 07/04/2026 and immediately notified the charge nurse before leaving for the day.</p> <p>On 07/15/2026 at 2:13 PM, during a telephone interview, LPN #3 stated she was not informed transportation had been cancelled for 07/04/26. She stated that if she had been notified, she would have contacted the resident's family, who could have transported the resident to dialysis.</p> <p>On 07/15/2026 at 2:30 PM, during a telephone interview, Resident #1's Resident Representative stated the family was not notified the resident would</p> |                                                    | M0500               |                                                                                                                          |  |                                                 |  |

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| M0500                                                           | <p>Continued from page 5<br/>miss dialysis because transportation was<br/>unavailable. She stated the family would have<br/>transported the resident had they been contacted.</p> <p>On 07/15/2026 at 2:36 PM, during an interview, the<br/>Administrator confirmed Resident #1 missed the<br/>physician-ordered dialysis treatment because the<br/>facility did not provide transportation after learning<br/>the scheduled transportation provider was<br/>unavailable. The Administrator stated staff should<br/>have arranged alternate transportation or pursued<br/>other available options to ensure the resident<br/>received the scheduled dialysis treatment.</p> |                                                       |  | M0500                                                                                               |                                                                                                                          |                                                     |                            |