

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255341		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/15/2026	
NAME OF PROVIDER OR SUPPLIER GULFPORT CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 11240 CANAL ROAD , GULFPORT, Mississippi, 39503			
(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 a Complaint Investigation (CI), MS #3071669 at the facility on 7/15/26. CI MS #3071669 was investigated related to Nursing Services and Quality of Care. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F656 and F698. The facility held a license for 90 beds, with a census of 70.		F0000				
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the		F0656				

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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F0656 SS = D	Continued from page 1 resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interviews, and facility policy review, the facility failed to develop and implement a comprehensive, person-centered care plan that included individualized interventions to ensure physician-ordered dialysis treatments were received when routine transportation was unavailable, for one (1) of three (3) residents reviewed for care planning (Resident #1). Findings include: A review of the facility's policy titled, "Care Plan Process", reviewed 3/2026, revealed, "Regulations require facilities to complete...a comprehensive, standardized assessment of each resident's functional capacity and needs...Interventions are actions that should promote meeting the established goal. Each intervention shall indicate the staff responsible for intervention..." A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 6/11/26 with diagnoses including Dependence on Renal Dialysis. 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. A record review of Resident #1's "Order Summary Report" revealed an active Physician order dated			F0656			

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F0656 SS = D	Continued from page 2 06/26/2026 for dialysis every Tuesday, Thursday, and Saturday at 11:00 AM. 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. A record review of Resident #1's "Care Plan Report" revealed a care plan focus initiated on 06/11/2026 identifying the resident's need for dialysis. The care plan included an intervention identifying the dialysis schedule and location; however, the care plan contained no individualized interventions directing staff how to respond when routine transportation was unavailable to ensure scheduled dialysis treatments were received, such as arranging alternate transportation or notifying the physician for further direction. On 07/15/2026 at 12:00 PM, during an interview, the Director of Nursing confirmed the facility did not arrange alternate transportation after learning the scheduled transportation provider was unavailable. She acknowledged Resident #1's care plan did not include individualized interventions addressing staff actions when scheduled dialysis transportation was unavailable and stated staff should have arranged alternate transportation or contacted the physician for further direction. On 07/15/2026 at 2:00 PM, during an interview, the Transportation Coordinator stated he notified the charge nurse on 07/03/2026 at approximately 4:15 PM that transportation services would not be available on 07/04/2026 because of the holiday. He confirmed no request was made for alternate transportation. On 07/15/2026 at 2:50 PM, during an interview, the MDS Coordinator stated nursing staff were expected to follow each resident's individualized care plan and notify the interdisciplinary team when revisions were needed. She confirmed Resident #1's care plan did not include individualized interventions addressing how staff should respond if scheduled dialysis transportation became unavailable.	F0656					
F0698 SS = D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis.	F0698					

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F0698 SS = D	Continued from page 3 The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is NOT MET as evidenced by: 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). Findings include: 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..." 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..." A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 6/11/26 with diagnoses including Dependence on Renal Dialysis. 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. 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.			F0698			

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F0698 SS = D	Continued from page 4 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. 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. 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. 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. 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. 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. 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. 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			F0698			

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F0698 SS = D	Continued from page 5 stated that if she had been notified, she would have contacted the resident's family, who could have transported the resident to dialysis. 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 miss dialysis because transportation was unavailable. She stated the family would have transported the resident had they been contacted. On 07/15/2026 at 2:36 PM, during an interview, the Administrator confirmed Resident #1 missed the physician-ordered dialysis treatment because the facility did not provide transportation after learning the scheduled transportation provider was unavailable. The Administrator stated staff should have arranged alternate transportation or pursued other available options to ensure the resident received the scheduled dialysis treatment.			F0698			