

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255244		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/20/2026	
NAME OF PROVIDER OR SUPPLIER SUNPLEX SUB-ACUTE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 6520 SUNSCOPE DRIVE , OCEAN SPRINGS, Mississippi, 39564			
(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	<p>INITIAL COMMENTS</p> <p>The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #3709240 and CI MS #3706902) at the facility from 10/19/26 through 10/20/26. CI MS #3706902 was a facility reported incident (FRI) regarding physical environment and quality of care. CI MS #3709240 was investigated for physical environment, resident rights, and quality of care. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid and cited F580 and F925. Based on the facility's implementation of corrective actions on 9/29/26, the SA determined the deficiencies to be Past Non-Compliance (PNC), prior to the SA's entrance on 10/19/26.</p> <p>The facility held a license for 73 beds, with a census of 62.</p>			F0000			
F0580 SS = D	<p>Notify of Changes (Injury/Degrade/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident</p>			F0580	"Past Noncompliance - no plan of correction required"		

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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F0580 SS = D	<p>Continued from page 1 from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to notify the Resident Representative (RR) of a change in the resident's condition related to the presence of ants in the resident's room and bed and failed to notify the RR of the resident's temporary relocation to another room for one (1) of three (3) residents reviewed for notification of changes (Resident #1).</p> <p>Findings include:</p> <p>A record review of the facility's policy titled "Notification of Changes in a Resident's Condition or Status," reviewed 05/29/2025, revealed, "...It is the policy of this facility to inform the resident, consult with his or her physician, and notify, consistent with his/her authority, the resident's</p>	F0580					

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F0580 SS = D	<p>Continued from page 2 representative of changes in the resident's condition and/or status...2. Nursing services shall be responsible for notifying the resident, family or responsible party when: c. There is a change in the resident's room or roommate assignment..."</p> <p>A record review of Resident #1's "Admission Record" revealed the facility initially admitted the resident on 02/05/2026 with diagnoses including Alzheimer's Disease.</p> <p>A record review of Resident #1's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 08/13/2026 revealed a Brief Interview for Mental Status (BIMS) summary score of 6, indicating severe cognitive impairment.</p> <p>A record review of the facility-reported incident revealed that on 09/22/2026, ants were identified in Resident #1's room, resulting in the resident being temporarily relocated while housekeeping and maintenance staff implemented corrective measures. Following cleaning and inspection, the resident returned to her room. On 09/22/2026 at approximately 7:00 PM, ants were again identified in the resident's room, resulting in relocation to another room. On 09/23/2026 at approximately 9:00 AM, the Administrator authorized the resident's return to her original room.</p> <p>A record review of Resident #1's "Progress Notes," dated 09/22/2026 at 4:09 AM and 7:34 PM, revealed ants were reported in the resident's bed and the resident was relocated to Room 117. The documentation indicated Resident #1's RR was not notified of the presence of ants or the room relocation.</p> <p>On 10/19/2026 at 11:00 AM, during a telephone interview, Resident #1's RR stated he visited the facility on 09/23/2026 and observed ants crawling on his mother. The RR stated he immediately reported the presence of ants and concerns regarding suspected ant bites to nursing staff. The RR stated nursing staff informed him that ants had been identified in his mother's room on 09/22/2026. The RR confirmed the facility had not notified him of the presence of ants in the resident's room or the temporary relocation to another room on 09/22/2026. The RR stated he first became aware of these circumstances during his visit on 09/23/2026.</p> <p>On 10/20/2026 at 10:50 AM, during an interview, Licensed Practical Nurse (LPN) #1 stated she was aware that ants had been identified in Resident #1's room and bed on 09/22/2026 and that the resident</p>	F0580					

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F0580 SS = D	<p>Continued from page 3</p> <p>had been temporarily relocated due to the presence of ants. LPN #1 confirmed she was responsible for notifying the RR of the situation and the room relocation. LPN #1 stated she failed to notify the RR because an emergency involving another resident required her immediate attention. LPN #1 acknowledged the facility's policy required nursing staff to notify the RR of room changes and confirmed she did not notify Resident #1's RR on 09/22/2026.</p> <p>On 10/20/2026 at 11:15 AM, during an interview, the Director of Nursing (DON) confirmed ants had been identified in Resident #1's room and bed on 09/22/2026, resulting in the resident's temporary relocation. The DON stated the facility's policy required nursing staff to notify the RR of a room change. The DON confirmed LPN #1 was aware of the situation but failed to notify the RR due to an emergency involving another resident. The DON further confirmed the facility did not notify Resident #1's RR of the ants or the temporary room relocation on 09/22/2026 and that the RR became aware of the situation during his visit on 09/23/2026.</p> <p>Corrective Actions:</p> <p>The facility implemented corrective actions prior to State Agency entrance on 10/19/2026. A record review of the facility's corrective action documentation revealed that on 09/25/2026, the facility conducted an emergency Quality Assurance and Performance Improvement (QAPI) meeting with the Interdisciplinary Team (IDT) to review the incident and identify corrective actions. The IDT identified concerns regarding pest control.</p> <p>On 09/25/2026, the facility-initiated staff education regarding the Pest Control Policy, Notification of Changes Policy, and Abuse and Neglect. The facility required staff to complete the education before their next scheduled shift.</p> <p>Beginning 09/25/2026, the facility initiated daily pest control audits of the interior and exterior of the building for two (2) weeks, through 10/09/2026. The facility also established continued monthly pest control services, monthly audits by the Maintenance Director, and monthly review of pest control reports by the Administrator.</p> <p>Beginning 09/25/2026, the IDT initiated daily review of resident changes in condition and adverse events during morning meetings to address notification requirements.</p>			F0580			

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F0580 SS = D	<p>Continued from page 4</p> <p>On 09/29/2026, the facility conducted a follow-up QAPI meeting to review completion of corrective actions.</p> <p>On 10/08/2026, the facility conducted a monthly QAPI meeting to review monitoring activities and reported continued compliance.</p> <p>Validation:</p> <p>On 10/20/2026, through interview and record review, the State Agency validated that the facility had implemented corrective actions addressing the identified deficient practice as of 09/29/2026 and was determined to be in compliance prior to the State Agency's entrance on 10/19/2026.</p>			F0580			
F0925 SS = D	<p>Maintains Effective Pest Control Program</p> <p>CFR(s): 483.90(i)(4)</p> <p>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and facility policy review, the facility failed to maintain an effective pest control program to prevent and control the presence of ants in the resident care environment, resulting in repeated observations of ants in a resident's room, bed, and on the resident's body for one (1) of three (3) residents reviewed for pest control. (Resident #1).</p> <p>Findings include:</p> <p>A record review of the facility's policy titled "Pest Control," reviewed 04/10/2023, revealed, "...Our facility shall maintain an effective pest control program..."</p> <p>A record review of Resident #1's "Admission Record" revealed the resident was initially admitted to the facility on 02/05/2026 with diagnoses including Alzheimer's disease.</p> <p>A record review of Resident #1's "Quarterly Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 08/13/2026, revealed a Brief Interview for Mental Status (BIMS) summary score of 6, indicating severe cognitive impairment.</p> <p>A record review of Resident #1's "Progress Notes,"</p>			F0925	"Past Noncompliance - no plan of correction required"		

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F0925 SS = D	<p>Continued from page 5</p> <p>dated 09/22/2026 at 4:09 AM and 7:34 PM, revealed ants were reported in the resident's bed, resulting in the resident being relocated from her room.</p> <p>A record review of the facility-reported incident revealed that on 09/22/2026 at approximately 6:00 AM, ants were identified in Resident #1's room. Resident #1 was temporarily relocated while housekeeping and maintenance personnel implemented corrective measures. Maintenance personnel applied an over-the-counter insect barrier spray and contacted the facility's pest control company. Housekeeping performed a detailed cleaning of the resident's room, including the bed and mattress. Following cleaning and inspection, Resident #1 returned to her room.</p> <p>The facility-reported incident further revealed that on 09/22/2026 at approximately 7:00 PM, ants were again identified in Resident #1's room despite the initial cleaning and application of insect barrier spray, resulting in the resident being relocated to Room 117. On 09/23/2026 at approximately 9:00 AM, the Administrator authorized Resident #1 to return to Room 115B following additional cleaning and application of insect barrier spray. On 09/23/2026 at approximately 7:00 PM, Resident #1's responsible representative (RR) observed ants crawling on the resident and reported his concerns to nursing staff. On 09/24/2026, the RR reported suspected ant bites, and a subsequent body audit identified skin findings described as appearing consistent with ant bites.</p> <p>A record review of Resident #1's "Skin Check," dated 09/22/2026 at 4:00 AM and 7:19 PM, revealed no new skin concerns were identified. A subsequent skin assessment dated 09/24/2026 at 5:02 PM identified new skin concerns.</p> <p>A record review of Resident #1's "Order Summary Report" revealed that on 09/24/2026, the medical provider prescribed Hydrocortisone Topical Cream 1%, to be applied topically every eight (8) hours as needed for itching; Hydroxyzine Hydrochloride (HCl) 25 milligrams (mg), one tablet by mouth at bedtime for itching; and a Medrol Tablet Dose Pack for itching.</p> <p>A record review of the facility's "Pest Control Service Reports" revealed that on 09/24/2026, the pest control company reported no pest activity observed during the service visit and treated the interior of the facility with a residual liquid insecticide. On 09/29/2026, the pest control company inspected the interior of Rooms 111 and 115 for ant activity and reported no ants were</p>			F0925			

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F0925 SS = D	<p>Continued from page 6 observed. Ant bait was applied along the baseboards in both rooms as a preventive measure.</p> <p>During a telephone interview, on 10/19/2026 at 11:00 AM, Resident #1's Resident Representative (RR) stated he visited the facility on 09/23/2026 and observed ants crawling on his mother and areas of skin that appeared to be ant bites. The RR stated he immediately reported his observations and concerns to nursing staff. The RR stated nursing staff informed him that ants had been identified in his mother's room on 09/22/2026. The RR further stated that due to concerns regarding the continued presence of ants and suspected ant bites, he took his mother home on a leave of absence (LOA) on 09/23/2026 and returned her to the facility on 09/24/2026.</p> <p>During an interview, on 10/19/2026 at 1:30 PM, the Floor Technician stated he performed a detailed cleaning of Resident #1's room while the resident was out of bed, including cleaning the bed frame, turning the mattress over, and applying disinfectant. The Floor Technician stated he did not observe ants in the resident's room, on the mattress, or on the bed frame during the cleaning. He confirmed he had been informed that ants were previously observed in the resident's room and bed.</p> <p>During an interview on 10/20/2026 at 10:23 AM, the Maintenance Director stated that on 09/22/2026 at approximately 6:30 AM, he was notified of the presence of ants in Resident #1's room. The Maintenance Director stated he applied a store-bought insecticide spray to the resident's room and subsequently notified the facility's pest control company. He confirmed the pest control company responded to the facility on 09/24/2026. The Maintenance Director further stated that on 09/23/2026, following the resident's relocation, he removed a section of sheetrock from the wall to inspect for possible ant colonies. He stated no ant colonies or mounds were observed inside the wall or around the exterior of the building. He stated he left the wall opening exposed for the pest control company to inspect upon arrival. The Maintenance Director confirmed the pest control company did not identify any ant colonies during its inspection and applied pest control treatment on 09/24/2026.</p> <p>During a telephone interview, on 10/20/2026 at 10:40 AM, Certified Nursing Assistant (CNA) #1 confirmed she personally observed ants crawling on Resident #1 and in the resident's bed. CNA #1 stated she immediately provided personal care to Resident #1, removed the ants from the resident and</p>			F0925			

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F0925 SS = D	<p>Continued from page 7</p> <p>her bed, and notified Licensed Practical Nurse (LPN) #1 and the Administrator of the presence of ants. CNA #1 further confirmed she attended in-service training regarding abuse, neglect, and pest control procedures following the incident.</p> <p>During a telephone interview, on 10/20/2026 at 11:00 AM, CNA #2 stated that on 09/22/2026 at approximately 5:00 PM, prior to distributing meal trays, he personally observed ants crawling on Resident #1's body and in her bed. CNA #2 stated he immediately removed the ants, provided personal care to the resident, and assisted her into a wheelchair. CNA #2 confirmed he notified his assigned nurse of the presence of ants, who subsequently communicated the concerns to the night-shift nurse. CNA #2 further stated Resident #1 was relocated to another room following the incident.</p> <p>During an interview on 10/20/2026 at 12:50 PM, the Administrator confirmed the facility contracted with a local pest control company for monthly inspections and treatments, with additional services provided as needed. The Administrator stated that on 09/22/2026, ants were identified in Resident #1's room and bed, resulting in the resident being temporarily relocated while maintenance and housekeeping personnel performed pest control measures and detailed cleaning. The Administrator confirmed ants returned following the initial treatment, requiring the resident to be relocated again. The Administrator stated the pest control company was contacted and responded on 09/24/2026 to inspect and treat the room. The Administrator confirmed a follow-up inspection on 09/29/2026 identified no ant activity. The Administrator further stated the facility's expectation was to maintain an effective pest control program to provide residents with a safe and sanitary environment.</p> <p>Corrective Actions:</p> <p>The facility implemented corrective actions prior to State Agency entrance on 10/19/2026. A record review of the facility's corrective action documentation revealed that on 09/25/2026, the facility conducted an emergency Quality Assurance and Performance Improvement (QAPI) meeting with the Interdisciplinary Team (IDT) to review the incident and identify corrective actions. The IDT identified concerns regarding pest control.</p> <p>On 09/25/2026, the facility initiated staff education regarding the Pest Control Policy, Notification of</p>			F0925			

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F0925 SS = D	<p>Continued from page 8 Changes Policy, and Abuse and Neglect. The facility required staff to complete the education before their next scheduled shift.</p> <p>Beginning 09/25/2026, the facility initiated daily pest control audits of the interior and exterior of the building for two (2) weeks, through 10/09/2026. The facility also established continued monthly pest control services, monthly audits by the Maintenance Director, and monthly review of pest control reports by the Administrator.</p> <p>Beginning 09/25/2026, the IDT initiated daily review of resident changes in condition and adverse events during morning meetings to address notification requirements.</p> <p>On 09/29/2026, the facility conducted a follow-up QAPI meeting to review completion of corrective actions.</p> <p>On 10/08/2026, the facility conducted a monthly QAPI meeting to review monitoring activities and reported continued compliance.</p> <p>Validation:</p> <p>On 10/20/2026, through interview and record review, the State Agency validated that the facility had implemented corrective actions addressing the identified deficient practice as of 09/29/2026 and was determined to be in compliance prior to the State Agency's entrance on 10/19/2026.</p>			F0925			