

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(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			
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M0000	Initial Comments The State Agency (SA) conducted two (2) Complaint Investigation (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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M970. 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.		M0000				
M0970	<p>45.33.4 Control of insects, rodents, etc.</p> <p>Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized.</p> <p>This LICENSURE 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</p>		M0970	"Past Noncompliance - no plan of correction required"			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0970	<p>Continued from page 1</p> <p>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," 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</p>			M0970			

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M0970	<p>Continued from page 2</p> <p>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 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>			M0970			

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M0970	<p>Continued from page 3</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 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</p>			M0970			

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M0970	<p>Continued from page 4 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> <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>			M0970			