

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>42756</p> <p>Based on observation, resident interview, and staff interview, the facility failed to promote resident dignity and care for each resident in a manner and in an environment that promotes enhancement of his or her quality of life for 9 of 32 sampled residents (#1, #5, #6, #8, #11, #14, #16, #18 and #31). The facility failed to allow 4 of 32 sampled residents to wear their own personal clothing (Residents #1, #6, #11, #14, #18), failed to provide enough clean clothes for 2 of 32 sampled residents (Residents #8, #16), and failed to allow 1 of 34 sampled residents to be out of his room at night (Resident #16).</p> <p>The findings included:</p> <p>On 8/7/24 at approximately 9:35 AM, a strong smell of urine was noted in Resident #6's room. Resident #6 was observed to be unclothed in her bed. There was a soiled gown laying on her bedside table. It was also noted that her toenails were long. When interviewed, Resident #6 started crying immediately telling the surveyor that staff will not come to help her. She said they would not give her a bath. She explained that she has not had a bath in some time and cannot remember her last bath. She frustratedly repeated that she was naked and staff would not help her. She pulled down her sheet and used her hands to show that she unclothed. She repeated: I am naked and they won't do nothing for me.</p> <p>On 8/7/24 at approximately 9:55 AM, an interview was conducted with Resident #5. There were no pillow cases on the pillow she was using. The bed linen was visibly soiled. She said that she had asked for a bed spread the other day and still has not gotten one. She explained that she attempted to bargain with staff telling them she didn't need pillow cases if they would just change her sheets yesterday. She explained that staff still has not come to change her sheets. She was using the same sheets since Thursday of last week.</p> <p>On 8/7/24 at approximately 10:00 AM, Resident #1 was observed in bed awake. He was wearing a patient gown. When asked if he prefers to wear a gown, Resident #1 indicated he wears a gown a lot and would prefer to get dressed in clothes. Resident #1 indicated that he would like to get out of bed more often.</p> <p>On 8/7/24 at approximately 10:00 AM, Resident #11 was dressed in a gown but was unavailable for interview at the time of the observation.</p> <p>(continued on next page)</p>

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 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 10:00 AM, Resident #18 was observed dressed in a gown. She indicated her husband does her laundry, but she would prefer to wear her own clothing.</p> <p>On 8/7/24 at 1:45 PM, during wound care, Resident #14 was also observed dressed in a gown. He was asked after the observation if he would like to wear his clothes. The resident indicated he would prefer his own clothing.</p> <p>On 8/7/24 at approximately 10:20 AM, an interview was conducted Resident #8. She said that staff does not bring her clean clothes often enough. She said had been wearing the clothes she has on now for 4-5 days.</p> <p>On 8/7/24 at approximately 1:55 PM, during an interview with Resident #16, it was noted that he was wearing a patient gown. He indicated that he does not mind wearing patient gowns but that it often takes several days to get his clothes washed. He also said that night shift staff is rude. Resident #16 said that night shift staff frequently has an attitude or rude tone about everything. He said staff on night shift does not want him to come out of his room at night. He explained that he likes to stay up late and would like to come out of his room since he is awake. He said the night shift staff told him it is a fire hazard to be out of his room at night.</p> <p>On 8/7/24 at approximately 1:42 PM, an interview was conducted with Resident #31. She indicated she has problems getting incontinence care supplies in a timely manner. She explained that does not want to go around smelling like urine. She said she has had the same pull up on since yesterday evening and she has not been able to get staff to bring her more incontinence supplies yet today.</p> <p>Further observations of Resident #1 were made on 8/7/24 at approximately 1:44 PM and 5:00 PM and on 8/8/24 at approximately 6:00 AM and 9:40 AM. He remained dressed in a gown during every observation made.</p> <p>On 8/8/24 at approximately 2:30 PM an interview was conducted with the Director of Nursing. The surveyor pointed out that there were dignity concerns at the facility due to the number of residents wearing gowns that indicated they prefer to wear their own clothes. She indicated that they went around the building recently and provided clothing to residents in need of clothes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>42756</p> <p>43857</p> <p>Based on observation, resident interview, and staff interview, the failed to provide adequate supplies of clean laundry in 4 of 5 linen storage areas observed affecting 8 of 32 current residents sampled (#1, #5, #6, #8, #14, #16, #19, adn #21). The failure had the potential to affect all 92 residents residing at the facility.</p> <p>The findings include:</p> <p>On 8/7/24 at approximately 10:00 AM, Resident #1 was in bed awake. During the observation, the surveyor noted that he was wearing a patient gown. When asked if he prefers to wear a gown, Resident #1 indicated he wears a gown a lot and would prefer to get dressed in clothes.</p> <p>On 8/7/24 at approximately 9:45 AM, an interview was conducted with Resident #5. There were no pillow cases on the pillow she was using. The bed linen on her bed was visibly soiled. The resident stated that she asked for a bed spread the other day but still has not gotten one. She explained that she attempted to bargain with staff telling them she would do without pillow cases if they would have changed her sheets yesterday. She explained that staff still has not come to change her sheets. She was using the same sheets since 8/1/24.</p> <p>On 8/7/24 at approximately 9:45 AM, an observation of Resident #6's room immediately had a strong smell of urine. Resident #6 was observed to be unclothed in her bed. There was a soiled gown laying on her bedside table. She pointed out to the surveyor that she was unclothed. She said: I am naked and they won't do nothing for me.</p> <p>On 8/7/24 at approximately 10:20 AM, an interview was conducted Resident #8. During the interview, Resident #8 said that staff does not bring her clean clothes often enough. She said she had been wearing the clothes she has on now for 4-5 days.</p> <p>On 8/7/24 at 1:45 PM, during wound care, Resident #14 was also observed dressed in a gown. He was asked after the observation if he would like to wear his clothes. The resident indicated he would prefer his own clothing.</p> <p>On 8/7/24 at approximately 1:55 PM, during an interview with Resident #16, it was noted that he was wearing a patient gown. He indicated that he does not mind wearing patient gowns but that it often takes several days to get his clothes washed. He also said that night shift staff is rude.</p> <p>On 8/7/24 at approximately 10:25 AM, Resident #19 was observed asleep on her bed. There were no sheets under her.</p> <p>On 8/7/24 at approximately 10:30 AM, Resident #21's bed had a strong smell of urine. The sheets appeared wet with urine. No pillow case was on the pillow on the on the bed at the time. (Photographic evidence obtained)</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 1:42 PM, an interview was conducted with Resident #31 who stated that they have not changed her sheets for a week.</p> <p>On 8/7/24 at approximately 9:38 AM, an interview was conducted with Staff E, a Certified Nursing Assistant (CNA). During the interview Staff E indicated that they are often low on linen supplies. She described the situation with linen as horrible.</p> <p>On 8/7/24 at approximately 10:40 AM, an interview was conducted with Staff F, CNA. During the interview, she indicated that staff have difficulty getting clean linen. She stated that the linen rooms are poorly stocked. She stated that often the fitted sheets do not fit on the beds. For example, on 8/6/24, there was not enough sheets available until the end of the day shift. There were no fitted sheets for staff to apply to beds yesterday. She reported that management complains that residents and staff are stashing linen. She said available supplies of clean linen is often an issue.</p> <p>On 8/7/24 at approximately 10:50 AM a tour was conducted of the inside laundry rooms. The first room observed had very little linen supply available. Four of the shelves were completely empty. The other shelves were minimally stocked. There were less than 20 chuck pads, 10 towels, 10-15 sheets, no pillow cases, less than 10 soft blankets, no bed spreads, less than 20 patient gowns, and only 1 small stack of washcloths. The other linen storage room also had empty shelves and was minimally stocked. There were 2 stacks of towels, 1 small stack of washcloths, about 10 patient gowns, less than 10 chuck pads, less than 10 fitted sheets, less than 10 flat sheets, less than 5 pillow cases, 3 bed spreads, and about 10 soft blankets. (Photographic evidence obtained)</p> <p>The supply carts on each hall did not have any linen stored on them.</p> <p>On 8/7/24 at approximately 11:10 AM, an interview was conducted with the Maintenance Director. He verified that he is in charge of laundry services and just started in the position about 3 months ago. He was shown the lack of linens available and that staff and residents were complaining about lack of available linen. The Maintenance Director performed a tour of the laundry areas outside. There was a good stock of linens of all types still in plastic bags in one of the laundry areas. When asked why the linens in plastic bags were not out in circulation for use, he explained that that was emergency stock. The Maintenance Director was informed of staff and residents hoarding linens and that observations were made of residents without pillow cases and bed spreads. He indicated that he ordered more linen for the facility on Monday, including flat sheets, fitted sheets, pillow cases, bed spreads, and gowns. He was asked to provide a copy of the order form. He indicated that he did not know for sure if the order has actually been placed yet because all orders must be approved. The order would have to be reviewed and approved by the Administrator before it is initiated. He stated he is allowed to order linen once a month. If additional linens are necessary, they must be approved by the administrator, but the administrator is currently out on leave and the order is awaiting approval.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43857</p> <p>Based on record review, resident interview, staff interview and staff, and grievance policy review, the facility failed to ensure the prompt resolution of grievances for 7 of 10 grievances sampled from May to July 2024 (Residents #4, #5, #14, #16, #28, #29, and #30). The facility failed to document a grievance reported by Resident #16 in July, and failed to document any investigation for grievances filed by Residents #4, #5, #14, #28, #29, and #30 in July 2024.</p> <p>The findings include:</p> <p>A review of the grievances and grievance log for July 2024 revealed the following:</p> <p>There were 6 resident grievances for the month of July, 5 of which were noted on the log.</p> <p>Resident #28 filed a grievance on 7/15/24. This grievance stated that a night nurse snatched the resident's arm and stated, I'm not going to take care of you. The grievance form had no investigation or resolution noted, but it was signed by the Social Services Director (SSD).</p> <p>Resident #14 filed a grievance on 7/11/24. The grievance stated that, at night, nurses and aides were refusing to heat up water. The grievance form had no investigation or resolution.</p> <p>Resident #29 filed a grievance on 7/8/24. This grievance stated the resident did not have any clothes available and he was not able to eat in the dinner hall. The grievance form had no investigation or resolution.</p> <p>A family member of Resident #4 and #5 filed a grievance on 7/8/24. The grievance stated Resident #5 had not received medications in the past 3 hours and that Resident #4 had been wet for hours. The grievance forms had no investigation or resolution.</p> <p>Resident #30 filed a grievance on 7/4/24 related to missing clothes. The grievance form had no investigation or resolution.</p> <p>On 8/8/24 at 11:25 AM, an interview was conducted with Resident #16. Resident #16 stated he filed a grievance in July about Staff M, a Certified Nurse Assistant (CNA), being neglectful to him by not assisting him out of bed until 3:30 PM. Resident #16 stated he was supposed to get up between 9:00 - 9:30 AM. Resident #16 stated he sent text messages to the DON so he could have some proof. A review of the text messages between Resident #16 and the DON revealed the following exchange:</p> <p>On 7/20/24 at 11:13 AM:</p> <p>DON: hello, im grocery shopping, did you need something? You called me</p> <p>Resident #16: told I have to wait since breakfast to get cleaned up because I weigh too much</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>DON wrote: [Staff S] (weekend supervisor) is coming to you to file grievance. We track and investigate, only way to change it [NAME] for calling me call me later after you talk [NAME]</p> <p>Resident #16- all right</p> <p>On 8/8/24 at 4:56 PM, an interview was conducted with the DON. The DON stated she was aware Resident #16 filed a grievance but the facility could not find any evidence of the grievance. The DON further stated that Staff S, RN, was the weekend supervisor and she was supposed to file a grievance. The DON added she never received one. The DON verified that the text messages provided by Resident #16 were a communication between her and the resident. The DON stated that the Social Services director who was responsible for the the grievances was terminated on Friday 8/2/24 secondary to not doing the grievances.</p> <p>The facility policy entitled complaint/grievance, dated 9/7/2023, was reviewed. The policy stated, The center will make prompt efforts to resolve the complaint/grievance and inform the resident of progress towards resolution. The grievance follow up should be completed in a reasonable time frame, this should not exceed 14 days. The findings of the grievance shall be recorded on the complaint/grievance form. The grievance official will log complaints/grievance on a monthly grievance log</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43857</p> <p>Based on record review, interview and facility policy review, the facility failed to develop a care plan for 1 of 3 residents sampled for wound care. (Resident #7)</p> <p>The findings include:</p> <p>On 8/7/24, a review of Resident #7's medical record was conducted. Resident #7 was admitted to the facility on [DATE] and discharged on [DATE] with diagnoses including type 2 diabetes mellitus with diabetic neuropathy, morbid obesity, hypertension, chronic kidney disease, and need for assistance with personal care. A physician's order dated 5/30/24 stated, Cleanse open area to right scapula with wound cleanser and apply Duoderm every 3 nights and as needed. A review of the most recent plan of care, dated 6/6/24, revealed it did not include goals and interventions related to wound care.</p> <p>A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed in section M, Skin conditions, that resident #7 received nonsurgical dressings and applications of ointments/medications.</p> <p>On 8/8/24 at 4:28 PM, an interview was conducted with Staff R, a Registered Nurse and the facility's Minimum Data Set (MDS) coordinator. She reviewed Resident #7's plan of care and verified the resident should have been care planned for wounds on the most recent review because Resident #7 had wounds prior to that date.</p> <p>A review of facility's policy Care Plan-Comprehensive, dated 9/1/2022, was conducted. Policy stated, Overview: an individual comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Policy (Bullet 2) stated each resident's comprehensive care plan is designed to identify the professional services that are responsible for each element of care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42756</b></p> <p>Based on observations, resident interview, staff interview, record review, and policy review. the facility failed to provide timely assistance to residents in a timely manner for 1 of 15 residents sampled residents for oral care (Resident #1), 1 of 15 residents sampled residents for nail care (Resident #1), 3 of 15 residents sampled residents for podiatry care (Resident #1, #6, and #16), and 15 of 15 residents sampled for assistance with hygiene. (Resident #1, #5, #6, #8, #9, #12, #16, #19, #20, #21, #24, #31, #32, #33, and #34)</p> <p>The findings include:</p> <p>Resident #6</p> <p>On 8/7/24 at approximately 9:35 AM, a strong smell of urine in the room was noted in Resident #6's room. She also was observed to be unclothed in her bed. There was a soiled gown that lay on her bedside table. Her feet were out from the sheets and visible. It was also noted that her toenails were long. When interviewed, Resident #6 started crying immediately saying that facility staff will not come to help her. She said they would not give her a bath. She explained that she has not had a bath in some time and cannot remember her last bath. She frustratedly repeated that she was naked and the staff would not help her. She pulled down her sheet and to show that she was unclothed. She repeated: I am naked and they won't do nothing for me. When asked if she would like staff to help her cut her toenails, Resident #6 indicated that she would appreciate having her toenails cut. She was unable to recall when she had seen a podiatrist.</p> <p>On 8/7/24, a review of the current care plan for Resident #6 was conducted. Resident #6 had an alteration in bowel continence. She had an indwelling Foley catheter. The care plan stated that Resident #6 was to receive incontinence care every 2 hours and as needed. She was to receive partial to moderate assistance with toileting, transfers, and hygiene. The care plan directed that Resident #6 receive Foley catheter care every shift. The care plan also stated that she required assistance with mouth care and assistance to perform activities of daily living and personal hygiene. A review of the current Minimum Data Set (MDS) information for Resident #6 indicated that she uses a manual wheelchair. She requires moderate assistance with toileting hygiene, showering/ bathing, and upper body dressing. She requires substantial assistance with lower body dressing, applying/removing footwear, and personal hygiene. She requires moderate assistance with standing from a chair and chair to bed transfer, transfer to toilet, and tub/shower.</p> <p>Resident #33</p> <p>On 8/7/24 at approximately 9:38 AM, Resident #33 was seated in her wheelchair watching television in her room. The area around Resident #33 smelled strongly of urine. A review of her current MDS data was conducted. She uses a manual wheelchair. She requires supervision with oral hygiene, showering/bathing, personal hygiene, changing position from sitting to lying and sitting to standing. Resident #33 requires moderate assistance with toileting, hygiene, lower body dressing, applying/removing footwear, chair to bed and bed to chair transfers, toilet transfers, and tub to shower transfers.</p> <p>Resident #9</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 9:40 AM, Resident #9 was in her bed asleep. Her room had a strong pungent odor of urine.</p> <p>A review of Resident #9's current MDS data was conducted. She requires set up and clean up after oral hygiene. She requires supervision for personal hygiene, applying/removing footwear, upper body dressing, sit to stand positioning, chair to bed and bed to chair transfers, and toilet transfers. She requires moderate assistance with toileting hygiene, shower/bathing self, lower body dressing, applying and removing footwear, and tub to shower transfers.</p> <p>Resident #12</p> <p>On 8/7/24 at approximately 9:45 AM, an interview was conducted with Resident #12. She was asked about care and services. She reported that they need a lot more help, it often takes a long time to get any help in the evenings and at night.</p> <p>A review of current MDS data was conducted for Resident #12. She requires set up and cleanup for eating. She was dependent on assistance with showering and bathing. She requires substantial assistance with upper body/lower body dressing, applying/removing footwear. She requires moderate assistance with oral hygiene and personal hygiene. Resident #12 requires substantial assistance to roll left and right, is dependent for sit to lying assistance, dependent for lying to sitting on the side of bed, and dependent for sit to stand positioning.</p> <p>Resident #5</p> <p>On 8/7/24 at approximately 9:55 AM, an interview was conducted with Resident #5. There were no pillow cases on the pillow she was using. The bed linen on her bed was visibly soiled. She told the surveyor that she asked for a bed spread the other day and still has not gotten one. She explained that she attempted to bargain with staff telling them she would go without pillow cases if they would have just changed her sheets yesterday. She explained that staff still has not come to change her sheets. She said that she was using the same sheets since Thursday of last week (8/1/24). She explained that the facility is very short of staff at times. She mentioned that sometimes staff is overwhelmed. She indicated that they often miss things. She explained that she believes that staff does not miss or ignore things purposely, but that they are just so busy that they forget. She said that other residents need more help than her so she tries to just be patient and wait.</p> <p>A review of the current MDS data for Resident #5 revealed that she used a manual wheelchair. She requires moderate assistance with personal hygiene, toileting hygiene, showering, and dressing her upper body, She requires substantial assistance with lower body dressing and applying/removing footwear. She requires partial assistance with bed to chair transfer, transferring to the toilet, tub/shower transfers, and sitting to standing positioning.</p> <p>Resident #1</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 10:00 AM, Resident #1 was in bed awake. His lips looked dry and cracked. He was wearing a patient gown. His fingernails were long with debris under them. His toenails were long as well. When asked about how long it had been since his last bath, Resident #1 estimated it had been about two weeks since his last bath. When asked if he prefers to wear a gown, Resident #1 indicated he wears a gown a lot and would prefer to get dressed in clothes. Resident #1 indicated that he would like to get out of bed more often. He was unable to recall the last time he was assisted out of bed. Resident #1 was asked if his mouth was dry and if he had received assistance with mouth care. He said his mouth was dry and indicated he would appreciate assistance with mouth care. Staff was notified that Resident #1 requested assistance with mouth care.</p> <p>On 8/7/24 at approximately 5:00 PM and 8/8/24 at approximately 6:00 AM and 9:40 AM, Resident#1 was observed in bed dressed in a gown and positioned on his back during all 3 observations.</p> <p>On 8/7/24 at approximately 1:44 PM wound care was observed for Resident #1. He remained dressed in a gown. His nails and toenails were long during the observation. The Advance Practice Registered Nurse (APRN) conducted an assessment of the skin on both of Resident#1's feet. She made no comment regarding his nails after her assessment. An interview was conducted with the wound care nurse and the APRN regarding resident #1's finger nails and toe nails after wound care. The Wound care nurse explained that the unit manager goes around and checks and cuts residents nails once a month. The APRN said that there are standing podiatry orders for each resident to receive podiatry services as needed.</p> <p>A review of the current MDS data for Resident #1 revealed that he is completely dependent on staff for oral care, bed mobility, bathing/showering, and transfers from bed to chair.</p> <p>On 8/8/24 at approximately 8:30 AM, a review of Resident #1's record was conducted. A review of the record from the hospital before admission on 1/9/24 indicated that the resident had a history of a cerebrovascular accident (CVA) after a subarachnoid hemorrhage. A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) was conducted. He was diagnosed with generalized weakness, adult failure to thrive, blindness in the left eye, and expressive language disorder. He received feedings via percutaneous endoscopic gastrostomy tube (PEG tube). He was dependent for assistance with hygiene and activities of daily living and required assistance with bed mobility and transfer. He had a Foley catheter and had an order to receive Foley catheter care every shift. He had a stage 4 pressure wound on his sacrum with orders to check the dressing to the sacrum every shift. He also had a wound on his right heel that required staff to cleanse the area with wound cleanser and apply skin prep daily.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of tasks for Resident #1 was conducted. The task sheet indicated that Resident #1 was dependent on staff for assistance with oral hygiene. A review of the task check sheets from 6/21/24 to 8/8/24 was conducted. The task was only checked off as completed on 3 dates: 6/21/24, 8/4/24, and 8/6/24. The bed to chair transfer task in the record indicated that Resident #1 was dependent for assistance with transfer from bed to chair. The task sheet was reviewed from 6/21/24 to 8/8/24. The task sheet indicated that he was only assisted out of the bed to a chair on three dates, on 7/12/24, 8/4/24, and 8/6/24. The assistance with toileting hygiene sheet indicated that Resident #1 required assistance with toileting hygiene. The task sheet was reviewed for 6/18/24 to 8/8/24. According to the task sheet, Resident #1 received assistance with toileting hygiene on 4 dates: 6/18/24, 6/21/24, 8/4/24, and 8/6/24. The task sheet indicated that Resident #1 required substantial maximal assistance with tub/shower transfers. The task sheet was reviewed from 6/18/24 to 8/7/24. This task was checked off as done during the reviewed dates. A review of the task sheet indicated that Resident #1 was dependent on staff for assistance with be mobility and rolling side to side in the bed. The task was reviewed for the dates 6/18/24 to 8/8/24. The task was checked off consistently as completed on the reviewed dates.</p> <p>Resident #8</p> <p>On 8/7/24 at approximately 10:20 AM, an interview was conducted Resident #8. She was lying in bed at the time of the interview. There was a unused pull up brief at the bottom of her bed. She smelled very strongly of urine. She was asked about care and services. Resident #8 said, They are taking care of me badly. She explained that she fell twice last night when getting up to go to the bathroom. She said that no one came in to check on her all night. She explained that she laid on the floor for a long time until she got the strength to get herself back up onto the bed after each fall. She repeated that no one came to check on or help her all night. She said that staff is not aware of her falls. She got herself up and has not told anyone that she fell . She reported that her left side, her left rib cage, and her tail bone have been hurting. She explained that she has chronic pain but her pain is more severe this morning. She indicated that she normally gets up to the wheelchair by now and goes to the bathroom by herself, but, because she was in pain, she has not been able to get to go to the bathroom to change her brief. Resident #8 reiterated that she never gets enough help. She also said that no one ever brings water to her room. She also does not get ice. She explained that she goes to the tap in the bathroom to get her drinking water. She stated that she has to wash out the water pitcher herself with hand soap in the bathroom. She explained that she is legally blind in one eye and that tasks such as this are difficult for her. Resident #8 also indicated that she needs assistance with showers. She said she does not get showers often enough. She stated that she came into the facility in June 2024. She reported that she has only taken a shower 2-3 times since admission. She said that staff does not bring her clean clothes often enough. She said she has been wearing the same clothes she has on now for 4-5 days. Nurse A, a Registered Nurse, was notified that the resident complained of pain related to the unreported falls last night.</p> <p>A review of current MDS data for Resident #8 revealed that she is severely vision impaired and that she uses a walker to ambulate. She requires set up or clean up assistance with oral hygiene and toileting. She required moderate assistance with bathing lower body dressing, applying or removing footwear, and tub/shower transfers.</p> <p>Resident #19</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 10:25 AM, Resident #19 was observed asleep on her bed. There were no sheets under her. Her room had a strong odor of urine.</p> <p>A review of her current MDS data was conducted and revealed that she was completely dependent for assistance with eating, oral hygiene, toileting hygiene, showering, bathing herself, upper body dressing, lower body dressing, applying/removing footwear, personal hygiene, bed mobility, tub/shower transfers, and chair to bed or bed to chair transfers.</p> <p>Resident #20</p> <p>On 8/7/24 at approximately 10:30 AM, Resident #20 was observed asleep in his bed. The area around him smelled of urine. The sheets appeared wet with urine. No pillow case was on the pillow on the on the bed at the time.</p> <p>On 8/7/24, a review of the current care plan of Resident #20 indicated that he had an alteration in functional performance. He needed assistance to complete self-care tasks such as: oral care, eating, toileting, and hygiene. He had a history of cerebrovascular accident (VA) with right sided hemiplegia/hemiparesis. Resident #20 was non ambulatory and required a mechanical lift for transfers.</p> <p>A review of current MDS data for Resident #20 revealed he uses a motorized wheelchair. He requires moderate assistance with oral hygiene and personal hygiene. Resident #20 required substantial assistance with toileting hygiene, showering, upper body dressing, lower body dressing and applying and removing footwear. He requires substantial assistance with rolling right to left in bed. He was completely dependent for chair to bed and bed to chair transfer and tub/shower transfer.</p> <p>Resident #24</p> <p>On 8/7/24 at approximately 11:30 AM, Resident #24 was up in her wheelchair. She was asked about her care and services. She said, They don't come to help here. She indicated that staff does not answer calls for help.</p> <p>A review of current MDS data for Resident #24 was conducted. The MDS indicated that Resident #24 required moderate assistance to bathe and applying/removing footwear. She required substantial assistance with lower body dressing. She required supervision with oral hygiene, toileting hygiene, personal hygiene and upper body dressing.</p> <p>Resident #16</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 1:55 PM, an interview was conducted with Resident #16. He was asked about care and services at the facility. He explained that he has lived at the facility for 1 month. He stated he is there for a long-term admission. He said there is definitely not enough staff. Resident #16 explained that he has had difficulty getting assistance in a timely manner on the 11:00 PM - 7:00 AM shift and sometimes the 3:00 PM - 11:00 PM shift. He explained that he was unable to get assistance with a shower on his scheduled shower day, but did get assistance with a shower on the following day. He said that missing showers is a frequent occurrence at the facility. In the month he has lived at the facility, he stated he has missed 3-4 showers. He explained that sometimes staff does not come in to check on him at all for the entire night. According to Resident #16, staff never brings water on any shift other than day shift. He also stated that he has been waiting to see a podiatrist for the entire month. Since his admission to the facility, he has asked to see the podiatrist repeatedly. He also indicated that it takes several days to get his clothes washed. He also said that night shift staff is rude and overall, most staff do not care. Resident #16 said that night shift staff frequently has an attitude or rude tone about everything. He said staff on night shift do not want him to come out of his room at night. He explained that he likes to stay up late and would like to come out of his room at night. He said the night shift staff told him it is a fire hazard for him to be out of his room at night. He said he filed a grievance about neglect because a nursing assistant did not come to assist him to change his brief after an incontinence episode for 8 hours. He indicated that the Director of Nursing (DON) gave him her cell phone number so that he can contact her directly for any problems. He texted the DON when the staff did not assist him with changing his brief for 8 hours.</p> <p>On 8/7/24, a review of the current care plan for Resident #16 was conducted. The care plan indicated that Resident #16 has a self-care performance deficit related to diagnosis of spinal muscular atrophy type III. Resident #16 is totally dependent on staff to provide a shower three times a week and as necessary. Resident #16 is totally dependent on 1-2 staff for repositioning and turning in bed every 2 hours and as necessary. Resident #16 is totally dependent on 1-2 staff for dressing. For eating, Resident #16 is dependent and required staff to assist with feeding. He is totally dependent on assistance with personal hygiene/oral care and required assistance of staff to complete personal hygiene/oral care tasks. Resident #16 was totally dependent on 2 staff for assistance with transferring using a Hoyer lift. He uses an electric wheelchair independently for locomotion. He has a history of incontinence, pressure ulcers, and dry fragile skin. Resident #16 requires incontinence care every two hours and as needed. He needs turning and repositioning assistance of staff every 2 hours.</p> <p>A review of current MDS data for Resident #16 was conducted. The MDS data indicated that Resident #16 is dependent for eating, oral hygiene, toileting hygiene, shower/bathing, upper/lower body dressing, applying/removing footwear, and personal hygiene. He is also dependent for bed mobility, bed to chair transfer, chair to bed transfer, and transfer to a shower.</p> <p>On 8/7/24 at approximately 4:46 PM, an interview was conducted with Resident #16. The resident reiterated that he can stay continent if he gets assistance in a timely manner to use the urinal. He indicated it is difficult to get staff to answer the call bell. He said recently his roommate tried to assist when he was trying to get someone to help him with the urinal. His roommate went looking for a staff member to assist but fell in the process. Resident #16 consented in writing to have pictures of his nails taken. He also provided images of the text messages he sent to the Director of Nursing (DON) to complain about care.</p> <p>A review of the text messages provided by Resident #16 showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Saturday 7/20/24 at 11:13 AM:</p> <p>DON: Hello, I'm grocery shopping, did you need something? You called me</p> <p>Resident #16: untold I have to wait since breakfast to get cleaned up because I weigh too much</p> <p>DON: ., weekend supervisor is coming to you to file grievance We track and investigate, only way to change it</p> <p>DON: [NAME] for calling me</p> <p>DON: Call me later after you talk [NAME]</p> <p>Resident #16: All right</p> <p>7/10/24 at 12:28 PM</p> <p>Resident #16: Just calling you back, didn't get a shower last night but going to give me one when she has time</p> <p>Sunday 7/21/24 11:18 AM:</p> <p>Resident #16: They are tempting to coerce me to get into bed, they are also saying they don't have the manpower to adjust me in my chair . is my C.N.A . is my nurse, I' trying to my best to keep my composure but I'm just going to start calling AHCA here soon</p> <p>DON: wait just a sec</p> <p>Resident #16: Yes ma'am</p> <p>Resident #16: I can recite everything that was said verbatim if that would help</p> <p>DON: Who told you what</p> <p>Resident #16: . told me that she was coming to put me into bed that what's been happening the past few nights with me being lifted and stuff isn't going to fly, she then stated that the nurse wants me to go to bed, then they brought in another [NAME] with bedding and I told her I was going to bed I just need to my cushion moved in my chair she then said that they would have to get manpower to do it, then made the offhand comment once again</p> <p>DON: Call me I tried to call you hello?</p> <p>Resident #16: Hey I just got back down to my room</p> <p>Resident #16: Other staff members came and help me</p> <p>DON: Okay, we will talk tomorrow Please let care staff get you in bed so you sleep well</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Sunday 7/28/24 4:42 PM:</p> <p>Resident #16: I've been soaking in my own urine since a little after 7:00 this morning</p> <p>Resident #16: My patience has finally ran out</p> <p>DON: . Why have you waited to contact me We discussed this and you agreed to text me if you had any issue</p> <p>Resident #16: There hasn't been any staff, when the staff finally got here they were doing trays then I've been told they needed to find someone I was being very patient</p> <p>DON: O just spoke to . she is coming to you, I cannot fix a problem unless you tell me.</p> <p>Resident #16: Yes ma'am I understand</p> <p>DON- I'm waiting here on text until this is resolved</p> <p>Resident #16: I just wish all this wasn't necessary to be taken care of</p> <p>DON: I want to know when someone gets to your room</p> <p>DON: . it's not necessary all the the' but you agreed to let me know if you had any issue with care. I could have fixed this hours ago</p> <p>Resident #16: I am good to go now, I attempted to call you, I was just seeing how depraved they are, and they're depravity knows no bounds going forward I assure you I will leave my curiosities behind when it comes to my care</p> <p>Sunday 1:34 PM:</p> <p>Resident #16: I still haven't gotten me up today</p> <p>DON: Ok, let me contact</p> <p>DON: They are coming</p> <p>Sunday 2:55 PM:</p> <p>Resident #16: Still not up out of bed</p> <p>DON: . is going to come speak with you now</p> <p>Resident #16: Okay I am up now</p> <p>DON: Good</p> <p>Monday 9:38 PM:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #16: Hi there, was told I'll probably not get a shower because of staff issues.</p> <p>Message delivery failure</p> <p>Resident #31</p> <p>On 8/7/24 at approximately 1:42 PM, an interview was conducted with Resident #31. When asked about care and services, she explained that she has to receive assistance with bathing due to fall risks. She explained that staff normally assists her with showers about every 3 days. She indicated that she has requested to take showers more often. She said she prefers to shower every other day or every two days. The resident said they have not changed her sheets for a week. She explained that staff often stays too busy a lot of the time. She indicated that staff sometimes ignore her requests and walk away because they are so busy. She indicated she has problems getting incontinence care supplies in a timely manner. She explained that she does not want to go around smelling like urine. She said she has had the same incontinence brief on since yesterday evening. She stated the brief is wet and she has not been able to get staff to bring her more incontinence supplies yet today. She also complained that staff does not bring fresh water or ice.</p> <p>On 8/7/24 a review of Resident #31's current care plan was conducted. The care plan indicated that Resident #31 required assistance with mobility tasks related to bed mobility, transfers, ambulation, walker and wheelchair use. She had weakness and an unsteady gate with limited activity tolerance. She required assistance for toileting hygiene, toileting transfer, bed mobility, dressing/grooming, and oral care. The care plan indicated that Resident #31 is at risk for injury related to falls. She had a history of falls and poor balance. Resident #31 has alterations in bowel and bladder continence. She was occasionally incontinent of urine. Staff was directed to provide supervision and partial/moderate assistance for toileting transfer and hygiene.</p> <p>A review of Resident #31's MDS data indicated that Resident #31 used a manual wheelchair. She required set up and clean up for oral hygiene, personal hygiene, and upper body dressing. Supervision with toileting, showering and bathing, lower body dressing, applying and removing footwear. She required supervision with sitting to stand, chair to bed and bed to chair transfer, transfer to toilet, and tub/shower transfer.</p> <p>Resident #24</p> <p>On 8/7/24 at approximately 2:10 PM, Resident #24 was in the hallway calling out for someone to help her pull her pants down so she can use the bathroom. She stated that her light has been on and she is not getting help.</p> <p>A review of the current MDS data for Resident #24 revealed that she uses a manual wheelchair. She requires supervision with oral hygiene. She requires moderate assistance with toileting hygiene, showering/bathing, and upper body/lower body dressing, She required substantial assistance with applying/removing footwear. Resident #24 needs supervision with personal hygiene, moderate assistance with lying to sitting on side of bed, sit to stand, chair to bed and bed to chair transfer, toilet transfer, and tub/shower transfers.</p> <p>Resident #32</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 2:10 PM, an interview was conducted with Resident #32. She was asked to describe care and services at the facility. She said there is not enough staff on the 3:00 PM-11:00 PM shift. She explained that she requires assistance with transfers. She said that she worries about the lack of help. She indicated that staff rarely come to check on her. She gave an example that she waited all night one night for someone to come and no one ever came. She was incontinent and wet all night. She reported the complaint to the administrator, but said that things have not improved. She explained that a lot of residents are upset and angry but will not share their opinions. She said they don't come to change her every 2 hours on evenings or night shifts. She explained that some staff work really hard to try to get it all done. She reiterated that there is not enough help to make up the difference for the staff who try so hard. She stated she never got a shower at all the previous week. She said staff often passes the buck because they can't get it all done.</p> <p>On 8/7/24, a review of the current care plan for Resident #32 was conducted. The care plan indicated that Resident #32 was always incontinent of bowel and bladder, wore adult briefs, and required that she be checked for incontinence episodes every 2 hours, and receive incontinence care provided after each episode. Resident #32 requires total and extensive assistance with activities of daily living due to weakness and left sided hemiparesis. The care plan indicated that Resident #32 had a history of a cerebrovascular accident (CVA) with Left sided hemiplegia.</p> <p>A review of current MDS data was conducted for Resident #32. She uses a manual wheelchair for locomotion. She requires substantial assistance with toileting hygiene, showering/bathing, upper body dressing/lower body dressing, and applying/removing footwear. She requires moderate assistance with personal hygiene and rolling from left to right in bed. She requires substantial mobility assistance in lying to sitting on side of bed, sit to standing position, chair to bed and bed to chair transfer, toilet transfer, and tub to shower transfers.</p> <p>Resident #34</p> <p>On 8/7/24 at approximately 2:17 PM, Resident #34 was observed awake and sitting on his bed. His area smelled like urine. He had a long beard, approximately 2 inches in length. He reported that he wanted assistance with a bath and shaving.</p> <p>A review of the MDS data for Resident #34 revealed that he uses a manual wheelchair. He requires set up or cleanup for oral hygiene. He requires supervision with toileting hygiene, showers/bathing, and upper body dressing. He requires moderate assistance with lower body dressing applying/removing footwear, and personal hygiene. He also requires supervision with mobility tasks such as standing, chair to bed and bed to chair transfer, toilet transfer and tub/shower transfer.</p> <p>Resident #21</p> <p>On 8/7/24 at approximately 4:44 PM Resident #21 was observed. He was receiving assistance with ADL care. The room smelled of feces.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of current MDS data was conducted for Resident #21. He requires substantial assistance with eating, moderate assistance with oral hygiene, personal hygiene, and upper body dressing. He requires substantial assistance with toileting hygiene, shower/ bathing, lower body dressing, applying/removing footwear. Resident #21 needs moderate assistance with mobility tasks such as rolling right to left in bed, sit to lying, and substantial assistance with lying to sitting on the side of the bed.</p> <p>Staff interviews</p> <p>On 8/7/24 at approximately 9:38 AM, an interview was conducted with Staff E, a Certified Nursing Assistant (CNA). She has about 14 residents she oversees. She stated that they normally try to keep 3 CNAs and or Patient Care Assistants (PCA) on each hall to get everything done. But sometimes there are only 2 staff members. She indicated that there are several residents on enhanced supervision, like 15 minute checks and there are 2 residents on 1:1 observation on the 400 hall. She said they are not able to take care of the residents properly because of staffing shortages. She said that residents don't get turned as often as they should, and residents do not get shower as often as they should on night and evening shifts due to staffing shortages. The often have too many Patient Care Assistants (PCAs) scheduled to work on evening and night shifts. She explained that PCAs are not yet certified. They are inexperienced and cannot do all the tasks required to care for the residents. She said staff often come in early or leave late for their shifts, making the total number of care hours difficult to track. She said they are often low on linen supplies.</p> <p>On 8/7/24 at approximately 10:21 AM, an interview was conducted with Nurse A. She indicated that there is inadequate staffing on the 3:00-11:00 shift. They also schedule too many PCAs and not enough CNA's to provide care on evening shift. She indicated that the shortages are definitely impacting resident care.</p> <p>On 8/7/24 at approximately 10:40 AM, an interview was conducted with Staff F, another CNA. She was asked to describe facility staffing. She indicated that there are enough staff on day shift normally. She said that the evening and night shifts have inadequate staffing consistently. The facility completed two groups of PCA training. She said that sometimes there are only PCA's scheduled and no nursing assistants on the evening shift. In an effort to help get it all done PCA's are doing patient care tasks they should not be doing alone. She explained that there is not enough help to care for the most vulnerable residents in the facility. She indicated that residents are not getting out of be and they are not getting assistance with bathing and showers and activity of daily living (ADL) care as needed due to the staffing shortages. She verbalized concern for the residents who are the most vulnerable.</p> <p>On 8/7/24 at approximately 11:40 AM, an interview was conducted with Staff G, another CNA. She indicated that CNA's at the facility struggle to get everything done. She indicated that there are currently 2 residents on 1:1 observation in the facility currently. There are several residents with wounds that need to be turned more often. She explained that, when they are short staffed, it is hard to turn the residents. It is difficult to get all the residents up out of bed. She reiterated that they really need more help and that coverage often varies.</p> <p>On 8/7/24 at approximately 4:22 PM, Nurse C, a Licensed Practical Nurse, was interviewed. She was asked to describe staffing at facility. She</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42756</p> <p>Based on observations, resident interviews, staff interview, and record review, the facility failed to provide sufficient staff to provide for resident basic needs as required by the residents' care plans for 14 of 15 residents sampled for assistance with daily living (Resident #1, #5, #6, #8, #9, #12, #16, #19, #20, #24, #31, #32, #33 and #34). Interview conducted with 10 of 10 residents (#1, #5, #6, #8, #12, #16, #24, #31, #32 and #34) and 6 of 6 staff (Certified Nursing Assistant CNA E, F, G, Personal Care Assistant N, and nurses A and C) indicated insufficient staffing.</p> <p>The findings include:</p> <p>Resident #1</p> <p>On 8/7/24 at approximately 10:00 AM, Resident #1 was in bed awake. His lips looked dry and cracked. He was wearing a patient gown. His fingernails were long with soil under them. His toenails were long as well. When asked about how long it had been since his last bath, Resident #1 estimated it had been about two weeks since his last bath. When asked if he prefers to wear a gown, Resident #1 indicated he wears a gown a lot and would prefer to get dressed in clothes. Resident #1 indicated that he would like to get out of bed more often. He was unable to recall the last time he was assisted out of bed. Resident #1 was asked if his mouth was dry and if he had received assistance with mouth care. He said his mouth was dry and indicated he would appreciate assistance with mouth care. Staff was notified that Resident #1 requested assistance with mouth care.</p> <p>During observations on 8/7/24 at approximately 5:00 PM and 8/8/24 at approximately 6:00 AM and 9:40 AM, Resident #1 was observed in bed dressed in a gown and remained positioned on his back.</p> <p>On 8/7/24 at approximately 1:44 PM, wound care was observed for Resident #1. He remained dressed in a gown. His nails and toenails were long during the observation. The Advance Practice Registered Nurse (APRN) conducted an assessment of the skin on both of Resident #1's feet. She made no comment regarding his nails after her assessment. An interview was conducted with the wound care nurse and the APRN regarding Resident #1's finger nails and toe nails after wound care. The wound care nurse explained that the unit manager goes around and checks and cuts residents nails once a month. The APRN said that there are standing podiatry orders for each resident to receive podiatry services as needed.</p> <p>A review of current MDS data for Resident #1 revealed that he is completely dependent on staff for oral, care, bed mobility, bathing/showering, and transfer from bed to chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/24 at approximately 8:30 AM, a review of Resident #1's record was conducted. A review of the record from the hospital before admission on 1/9/24 indicated that the resident had a history of a cerebrovascular accident (CVA) after a subarachnoid hemorrhage. A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) was conducted. He was diagnosed with generalized weakness, adult failure to thrive, blindness in the left eye, and expressive language disorder. He received feedings via percutaneous endoscopic gastrostomy tube (PEG tube). He was dependent for assistance with hygiene and activities of daily living and required assistance with bed mobility and transfer. He had a Foley catheter and had an order to receive Foley catheter care every shift. He had a stage 4 pressure wound on his sacrum with orders to check the dressing to the sacrum every shift. He also had a wound on his right heel that required staff to cleanse the area with wound cleanser and apply skin prep daily.</p> <p>A review of tasks for Resident #1 was conducted. The task sheet indicated that Resident #1 was dependent on staff for assistance with oral hygiene. A review of the task check sheet from 6/21/24 to 8/8/24 was conducted. The task was only checked off as completed on 3 dates: 6/21/24, 8/4/24, and 8/6/24. The bed to chair transfer task in the record indicated that Resident #1 was dependent for assistance with transfer from bed to chair. The task sheet was reviewed from 6/21/24 to 8/8/24. The task sheet indicated that he was only assisted out of the bed to a chair on three dates, on 7/12/24, 8/4/24, and 8/6/24. The assistance with toileting hygiene sheet indicated that Resident #1 required assistance with toileting hygiene. The task sheet was reviewed for 6/18/24 to 8/8/24. According to the task sheet, Resident #1 received assistance with toileting hygiene on 4 dates: 6/18/24, 6/21/24, 8/4/24, and 8/6/24. The task sheet indicated that Resident #1 required substantial maximal assistance with tub/shower transfers. The task sheet was reviewed from 6/18/24 to 8/7/24. This task was checked off as done during the reviewed dates. A review of the task sheet indicated that Resident #1 was dependent on staff for assistance with be mobility and rolling side to side in the bed. The task was reviewed for the dates 6/18/24 to 8/8/24. The task was checked off consistently as completed on the reviewed dates.</p> <p>Resident #5</p> <p>On 8/7/24 at approximately 9:55 AM, an interview was conducted with Resident #5. There were no pillow cases on the pillow she was using. The bed linen on her bed was visibly soiled. She told the surveyor that she asked for a bed spread the other day and still has not gotten one. She explained that she attempted to bargain with staff telling them she would go without pillow cases if they would have just changed her sheets yesterday. She explained that staff still has not come to change her sheets. She said that she was using the same sheets since Thursday of last week (8/1/24). She explained that the facility is very short of staff at times. She mentioned that sometimes staff is overwhelmed. She indicated that they often miss things. She explained that she believes that staff does not miss or ignore things purposely, but that they are just so busy that they forget. She said that other residents need more help than her so she tries to just be patient and wait.</p> <p>A review of the current MDS data for Resident #5 revealed that she used a manual wheelchair. She requires moderate assistance with personal hygiene, toileting hygiene, showering, and dressing her upper body, She requires substantial assistance with lower body dressing and applying/removing footwear. She requires partial assistance with bed to chair transfer, transferring to the toilet, tub/shower transfers, and sitting to standing positioning.</p> <p>Resident #6</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 9:35 AM, a strong smell of urine in the room was noted in Resident #6's room. She also was observed to be unclothed in her bed. There was a soiled gown that lay on her bedside table. Her feet were out from the sheets and visible. It was also noted that her toenails were long. When interviewed, Resident #6 started crying immediately saying that facility staff will not come to help her. She said they would not give her a bath. She explained that she has not had a bath in some time and cannot remember her last bath. She frustratedly repeated that she was naked and the staff would not help her. She pulled down her sheet and to show that she was unclothed. She repeated: I am naked and they won't do nothing for me. When asked if she would like staff to help her cut her toenails, Resident #6 indicated that she would appreciate having her toenails cut. She was unable to recall when she had seen a podiatrist.</p> <p>On 8/7/24, a review of the current care plan for Resident #6 was conducted. Resident #6 had an alteration in bowel continence. She had an indwelling Foley catheter. The care plan stated that Resident #6 was to receive incontinence care every 2 hours and as needed. She was to receive partial to moderate assistance with toileting, transfers, and hygiene. The care plan directed that Resident #6 receive Foley catheter care every shift. The care plan also stated that she required assistance with mouth care and assistance to perform activities of daily living and personal hygiene. A review of the current Minimum Data Set (MDS) information for Resident #6 indicated that she uses a manual wheelchair. She requires moderate assistance with toileting hygiene, showering/ bathing, and upper body dressing. She requires substantial assistance with lower body dressing, applying/removing footwear, and personal hygiene. She requires moderate assistance with standing from a chair and chair to bed transfer, transfer to toilet, and tub/shower.</p> <p>Resident #8</p> <p>On 8/7/24 at approximately 10:20 AM, an interview was conducted Resident #8. She was lying in bed at the time of the interview. There was a unused pull up brief at the bottom of her bed. She smelled very strongly of urine. She was asked about care and services. Resident #8 said, They are taking care of me badly. She explained that she fell twice last night when getting up to go to the bathroom. She said that no one came in to check on her all night. She explained that she laid on the floor for a long time until she got the strength to get herself back up onto the bed after each fall. She repeated that no one came to check on or help her all night. She said that staff is not aware of her falls. She got herself up and has not told anyone that she fell . She reported that her left side, her left rib cage, and her tail bone have been hurting. She explained that she has chronic pain but her pain is more severe this morning. She indicated that she normally gets up to the wheelchair by now and goes to the bathroom by herself, but, because she was in pain, she has not been able to get to go to the bathroom to change her brief. Resident #8 reiterated that she never gets enough help. She also said that no one ever brings water to her room. She also does not get ice. She explained that she goes to the tap in the bathroom to get her drinking water. She stated that she has to wash out the water pitcher herself with hand soap in the bathroom. She explained that she is legally blind in one eye and that tasks such as this are difficult for her. Resident #8 also indicated that she needs assistance with showers. She said she does not get showers often enough. She stated that she came into the facility in June 2024. She reported that she has only taken a shower 2-3 times since admission. She said that staff does not bring her clean clothes often enough. She said she has been wearing the same clothes she has on now for 4-5 days. Nurse A, a Registered Nurse, was notified that the resident complained of pain related to the unreported falls last night.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of current MDS data for Resident #8 revealed that she is severely vision impaired and that she uses a walker to ambulate. She requires set up or clean up assistance with oral hygiene and toileting. She required moderate assistance with bathing lower body dressing, applying or removing footwear, and tub/shower transfers.</p> <p>Resident #9</p> <p>On 8/7/24 at approximately 9:40 AM, Resident #9 was in her bed asleep. Her room had a strong pungent odor of urine.</p> <p>A review of Resident #9's current MDS data was conducted. She requires set up and clean up after oral hygiene. She requires supervision for personal hygiene, applying/removing footwear, upper body dressing, sit to stand positioning, chair to bed and bed to chair transfers, and toilet transfers. She requires moderate assistance with toileting hygiene, shower/bathing self, lower body dressing, applying and removing footwear, and tub to shower transfers.</p> <p>Resident #12</p> <p>On 8/7/24 at approximately 9:45 AM, an interview was conducted with Resident #12. She was asked about care and services. She reported that they need a lot more help, it often takes a long time to get any help in the evenings and at night.</p> <p>A review of current MDS data was conducted for Resident #12. She requires set up and cleanup for eating. She was dependent on assistance with showering and bathing. She requires substantial assistance with upper body/lower body dressing, applying/removing footwear. She requires moderate assistance with oral hygiene and personal hygiene. Resident #12 requires substantial assistance to roll left and right, is dependent for sit to lying assistance, dependent for lying to sitting on the side of bed, and dependent for sit to stand positioning.</p> <p>Resident #16</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 1:55 PM, an interview was conducted with Resident #16. He was asked about care and services at the facility. He explained that he has lived at the facility for 1 month. He stated he is there for a long-term admission. He said there is definitely not enough staff. Resident #16 explained that he has had difficulty getting assistance in a timely manner on the 11:00 PM - 7:00 AM shift and sometimes the 3:00 PM - 11:00 PM shift. He explained that he was unable to get assistance with a shower on his scheduled shower day, but did get assistance with a shower on the following day. He said that missing showers is a frequent occurrence at the facility. In the month he has lived at the facility, he stated he has missed 3-4 showers. He explained that sometimes staff does not come in to check on him at all for the entire night. According to Resident #16, staff never brings water on any shift other than day shift. He also stated that he has been waiting to see a podiatrist for the entire month. Since his admission to the facility, he has asked to see the podiatrist repeatedly. He also indicated that it takes several days to get his clothes washed. He also said that night shift staff is rude and overall, most staff do not care. Resident #16 said that night shift staff frequently has an attitude or rude tone about everything. He said staff on night shift do not want him to come out of his room at night. He explained that he likes to stay up late and would like to come out of his room at night. He said the night shift staff told him it is a fire hazard for him to be out of his room at night. He said he filed a grievance about neglect because a nursing assistant did not come to assist him to change his brief after an incontinence episode for 8 hours. He indicated that the Director of Nursing (DON) gave him her cell phone number so that he can contact her directly for any problems. He texted the DON when the staff did not assist him with changing his brief for 8 hours.</p> <p>On 8/7/24, a review of the current care plan for Resident #16 was conducted. The care plan indicated that Resident #16 has a self-care performance deficit related to diagnosis of spinal muscular atrophy type III. Resident #16 is totally dependent on staff to provide a shower three times a week and as necessary. Resident #16 is totally dependent on 1-2 staff for repositioning and turning in bed every 2 hours and as necessary. Resident #16 is totally dependent on 1-2 staff for dressing. For eating, Resident #16 is dependent and required staff to assist with feeding. He is totally dependent on assistance with personal hygiene/oral care and required assistance of staff to complete personal hygiene/oral care tasks. Resident #16 was totally dependent on 2 staff for assistance with transferring using a Hoyer lift. He uses an electric wheelchair independently for locomotion. He has a history of incontinence, pressure ulcers, and dry fragile skin. Resident #16 requires incontinence care every two hours and as needed. He needs turning and repositioning assistance of staff every 2 hours.</p> <p>A review of current MDS data for Resident #16 was conducted. The MDS data indicated that Resident #16 is dependent for eating, oral hygiene, toileting hygiene, shower/bathing, upper/lower body dressing, applying/removing footwear, and personal hygiene. He is also dependent for bed mobility, bed to chair transfer, chair to bed transfer, and transfer to a shower.</p> <p>On 8/7/24 at approximately 4:46 PM, an interview was conducted with Resident #16. The resident reiterated that he can stay continent if he gets assistance in a timely manner to use the urinal. He indicated it is difficult to get staff to answer the call bell. He said recently his roommate tried to assist when he was trying to get someone to help him with the urinal. His roommate went looking for a staff member to assist but fell in the process. Resident #16 consented in writing to have pictures of his nails taken. He also provided images of the text messages he sent to the Director of Nursing to complain about care.</p> <p>A review of the text messages provided by Resident #16 showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Saturday 7/20/24 at 11:13 AM:</p> <p>DON: Hello, I'm grocery shopping, did you need something? You called me</p> <p>Resident #16: untold I have to wait since breakfast to get cleaned up because I weigh too much</p> <p>DON: ., weekend supervisor is coming to you to file grievance We track and investigate, only way to change it</p> <p>DON: [NAME] for calling me</p> <p>DON: Call me later after you talk [NAME]</p> <p>Resident #16: All right</p> <p>7/10/24 at 12:28 PM</p> <p>Resident #16: Just calling you back, didn't get a shower last night but going to give me one when she has time</p> <p>Sunday 7/21/24 11:18 AM:</p> <p>Resident #16: They are tempting to coerce me to get into bed, they are also saying they don't have the manpower to adjust me in my chair . is my C.N.A . is my nurse, I' trying to my best to keep my composure but I'm just going to start calling AHCA here soon</p> <p>DON: wait just a sec</p> <p>Resident #16: Yes ma'am</p> <p>Resident #16: I can recite everything that was said verbatim if that would help</p> <p>DON: Who told you what</p> <p>Resident #16: . told me that she was coming to put me into bed that what's been happening the past few nights with me being lifted and stuff isn't going to fly, she then stated that the nurse wants me to go to bed, then they brought in another [NAME] with bedding and I told her I was going to bed I just need to my cushion moved in my chair she then said that they would have to get manpower to do it, then made the offhand comment once again</p> <p>DON: Call me I tried to call you hello?</p> <p>Resident #16: Hey I just got back down to my room</p> <p>Resident #16: Other staff members came and help me</p> <p>DON: Okay, we will talk tomorrow Please let care staff get you in bed so you sleep well</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Sunday 7/28/24 4:42 PM:</p> <p>Resident #16: I've been soaking in my own urine since a little after 7:00 this morning</p> <p>Resident #16: My patience has finally ran out</p> <p>DON: . Why have you waited to contact me We discussed this and you agreed to text me if you had any issue</p> <p>Resident #16: There hasn't been any staff, when the staff finally got here they were doing trays then I've been told they needed to find someone I was being very patient</p> <p>DON: O just spoke to . she is coming to you, I cannot fix a problem unless you tell me.</p> <p>Resident #16: Yes ma'am I understand</p> <p>DON- I'm waiting here on text until this is resolved</p> <p>Resident #16: I just wish all this wasn't necessary to be taken care of</p> <p>DON: I want to know when someone gets to your [NAME]</p> <p>DON: . it's not necessary all the te' but you agreed to let me know if you had any issue with care. I could have fixed this hours ago</p> <p>Resident #16: I am good to go now, I attempted to call you, I was just seeing how depraved they are, and they're depravity knows no bounds going forward I assure you I will leave my curiosities behind when it comes to my care</p> <p>Sunday 1:34 PM:</p> <p>Resident #16: I still haven't gotten me up today</p> <p>DON: Ok, let me contact</p> <p>DON: They are coming</p> <p>Sunday 2:55 PM:</p> <p>Resident #16: Still not up out of bed</p> <p>DON: . is going to come speak with you now</p> <p>Resident #16: Okay I am up now</p> <p>DON: Good</p> <p>Monday 9:38 PM:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #16: Hi there, was told I'll probably not get a shower because of staff issues.</p> <p>Message delivery failure</p> <p>Resident #19</p> <p>On 8/7/24 at approximately 10:25 AM, Resident #19 was observed asleep on her bed. There were no sheets under her. Her room had a strong odor of urine.</p> <p>A review of her current MDS data was conducted and revealed that she was completely dependent for assistance with eating, oral hygiene, toileting hygiene, showering, bathing herself, upper body dressing, lower body dressing, applying/removing footwear, personal hygiene, bed mobility, tub/shower transfers, and chair to bed or bed to chair transfers.</p> <p>Resident #20</p> <p>On 8/7/24 at approximately 10:30 AM, Resident #20 was observed asleep in his bed. The area around him smelled of urine. The sheets appeared wet with urine. No pillow case was on the pillow on the on the bed at the time.</p> <p>On 8/7/24, a review of the current care plan of Resident #20 indicated that he had an alteration in functional performance. He needed assistance to complete self-care tasks such as: oral care, eating, toileting, and hygiene. He had a history of cerebrovascular accident (VA) with right sided hemiplegia/hemiparesis. Resident #20 was non ambulatory and required a mechanical lift for transfers.</p> <p>A review of current MDS data for Resident #20 revealed he uses a motorized wheelchair. He requires moderate assistance with oral hygiene and personal hygiene. Resident #20 required substantial assistance with toileting hygiene, showering, upper body dressing, lower body dressing and applying and removing footwear. He requires substantial assistance with rolling right to left in bed. He was completely dependent for chair to bed and bed to chair transfer and tub/shower transfer.</p> <p>Resident #24</p> <p>On 8/7/24 at approximately 11:30 AM, Resident #24 was up in her wheelchair. She was asked about her care and services. She said, They don't come to help here. She indicated that staff does not answer calls for help.</p> <p>On 8/7/24 at approximately 2:10 PM, Resident #24 was in the hallway calling out for someone to help her pull her pants down so she can use the bathroom. She stated that her light has been on and she is not getting help.</p> <p>A review of current MDS data for Resident #24 was conducted. The MDS indicated that Resident #24 required moderate assistance to bathe and applying/removing footwear. She required substantial assistance with lower body dressing. She required supervision with oral hygiene, toileting hygiene, personal hygiene and upper body dressing.</p> <p>Resident #31</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 1:42 PM, an interview was conducted with Resident #31. When asked about care and services, she explained that she has to receive assistance with bathing due to fall risks. She explained that staff normally assists her with showers about every 3 days. She indicated that she has requested to take showers more often. She said she prefers to shower every other day or every two days. The resident said they have not changed her sheets for a week. She explained that staff often stays too busy a lot of the time. She indicated that staff sometimes ignore her requests and walk away because they are so busy. She indicated she has problems getting incontinence care supplies in a timely manner. She explained that she does not want to go around smelling like urine. She said she has had the same incontinence brief on since yesterday evening. She stated the brief is wet and she has not been able to get staff to bring her more incontinence supplies yet today. She also complained that staff does not bring fresh water or ice.</p> <p>On 8/7/24 a review of Resident #31's current care plan was conducted. The care plan indicated that Resident #31 required assistance with mobility tasks related to bed mobility, transfers, ambulation, walker and wheelchair use. She had weakness and an unsteady gait with limited activity tolerance. She required assistance for toileting hygiene, toileting transfer, bed mobility, dressing/grooming, and oral care. The care plan indicated that Resident #31 is at risk for injury related to falls. She had a history of falls and poor balance. Resident #31 has alterations in bowel and bladder continence. She was occasionally incontinent of urine. Staff was directed to provide supervision and partial/moderate assistance for toileting transfer and hygiene.</p> <p>A review of Resident #31's MDS data indicated that Resident #31 used a manual wheelchair. She required set up and clean up for oral hygiene, personal hygiene, and upper body dressing. Supervision with toileting, showering and bathing, lower body dressing, applying and removing footwear. She required supervision with sitting to stand, chair to bed and bed to chair transfer, transfer to toilet, and tub/shower transfer.</p> <p>Resident #32</p> <p>On 8/7/24 at approximately 2:10 PM, an interview was conducted with Resident #32. She was asked to describe care and services at the facility. She said there is not enough staff on the 3:00 PM-11:00 PM shift. She explained that she requires assistance with transfers. She said that she worries about the lack of help. She indicated that staff rarely come to check on her. She gave an example that she waited all night one night for someone to come and no one ever came. She was incontinent and wet all night. She reported the complaint to the administrator, but said that things have not improved. She explained that a lot of residents are upset and angry but will not share their opinions. She said they don't come to change her every 2 hours on evenings or night shifts. She explained that some staff work really hard to try to get it all done. She reiterated that there is not enough help to make up the difference for the staff who try so hard. She stated she never got a shower at all the previous week. She said staff often passes the buck because they can't get it all done.</p> <p>On 8/7/24, a review of the current care plan for Resident #32 was conducted. The care plan indicated that Resident #32 was always incontinent of bowel and bladder, wore adult briefs, and required that she be checked for incontinence episodes every 2 hours, and receive incontinence care provided after each episode. Resident #32 requires total and extensive assistance with activities of daily living due to weakness and left sided hemiparesis. The care plan indicated that Resident #32 had a history of a cerebrovascular accident (CVA) with Left sided hemiplegia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of current MDS data was conducted for Resident #32. She uses a manual wheelchair for locomotion. She requires substantial assistance with toileting hygiene, showering/bathing, upper body dressing/lower body dressing, and applying/removing footwear. She requires moderate assistance with personal hygiene and rolling from left to right in bed. She requires substantial mobility assistance in lying to sitting on side of bed, sit to standing position, chair to bed and bed to chair transfer, toilet transfer, and tub to shower transfers.</p> <p>Resident #33</p> <p>On 8/7/24 at approximately 9:38 AM, Resident #33 was seated in her wheelchair watching television in her room. The area around Resident #33 smelled strongly of urine. A review of her current MDS data was conducted. She uses a manual wheelchair. She requires supervision with oral hygiene, showering/bathing, personal hygiene, changing position from sitting to lying and sitting to standing. Resident #33 requires moderate assistance with toileting, hygiene, lower body dressing, applying/removing footwear, chair to bed and bed to chair transfers, toilet transfers, and tub to shower transfers.</p> <p>Resident #34</p> <p>On 8/7/24 at approximately 2:17 PM, Resident #34 was observed awake and sitting on his bed. His area smelled like urine. He had a long beard, approximately 2 inches in length. He reported that he wanted assistance with a bath and shaving.</p> <p>A review of the MDS data for Resident #34 revealed that he uses a manual wheelchair. He requires set up or cleanup for oral hygiene. He requires supervision with toileting hygiene, showers/bathing, and upper body dressing. He requires moderate assistance with lower body dressing applying/removing footwear, and personal hygiene. He also requires supervision with mobility tasks such as standing, chair to bed and bed to chair transfer, toilet transfer and tub/shower transfer.</p> <p>Staff interviews</p> <p>On 8/7/24 at approximately 9:38 AM, an interview was conducted with Staff E, a Certified Nursing Assistant (CNA). She has about 14 residents she oversees. She stated that they normally try to keep 3 CNAs and or Patient Care Assistants (PCA) on each hall to get everything done. But sometimes there are only 2 staff members. She indicated that there are several residents on enhanced supervision, like 15 minute checks and there are 2 residents on 1:1 observation on the 400 hall. She said they are not able to take care of the residents properly because of staffing shortages. She said that residents don't get turned as often as they should, and residents do not get shower as often as they should on night and evening shifts due to staffing shortages. The often have too many Patient Care Assistants (PCAs) scheduled to work on evening and night shifts. She explained that PCAs are not yet certified. They are inexperienced and cannot do all the tasks required to care for the residents. She said staff often come in early or leave late for their shifts, making the total number of care hours difficult to track. She said they are often low on linen supplies.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/7/24 at approximately 10:21 AM, an interview was conducted with Nurse A. She indicated that there is inadequate staffing on the 3:00-11:00 shift. They also schedule too many PCAs and not enough CNA's to provide care on evening shift. She indicated that the shortages are definitely impacting resident care. On 8/7/24 at 4:55 PM, during a follow-up interview, Nurse A stated that the facility had high acuity residents, and the lack of staffing along with the high acuity has resulted in residents not getting baths and not being repositioned.</p> <p>On 8/7/24 at approximately 10:40 AM, an interview was conducted with Staff F, another CNA. She was asked to describe facility staffing. She indicated that there are enough staff on day shift normally. She said that the evening and night shifts have inadequate staffing consistently. The facility completed two groups of PCA training. She said that sometimes there are only PCA's scheduled and no nursing assistants on the evening shift. In an effort to help get it all done PCA's are doing patient care tasks they should not be doing alone. She explained that there is not enough help to care for the most vulnerable residents in the facility. She indicated that residents are not getting out of bed and they are not getting assistance with bathing and showers and activity of daily living (ADL) care as needed due to the staffing shortages. She verbalized concern for the residents who are the most vulnerable.</p> <p>On 8/7/24 at approximately 11:40 AM, an interview was conducted with Staff G, another CNA. She indicated that CNA's at the facility struggle to get everything done. She indicated that there are currently 2 residents on 1:1 observation in the facility currently. There are several residents with wounds that need to be turned more often. She explained that, when they are short staffed, it is hard to turn the residents. It is difficult to get all the residents up out of bed. She reiterated that they really need more help and that coverage often varies.</p> <p>On 8/7/24 at approximately 4:22 PM, Nurse C, a Licensed Practical Nurse, was interviewed. She was asked to describe staffing at facility. She explained that they are short on staff at times, especially on night shift. There is not enough staff to provide for the residents on enhanced supervision. She explained that there are quite a few residents that need more assistance with care and the current staffing does not provide for the additional needs of the residents. She indicated that there are several residents on enhanced supervision, including two residents on 1:1 in the memory care</p> <p>On 8/7/24 at approximately 5:55 PM, an interview was conducted with Staff N, another PCA. She was asked about care and services on evening shift. She explained that, as a Patient Care Assistant (PCA), she cannot assist residents with meals or use a Hoyer lift (a mechanical lift used to help transfer people). She explained that there are a few other things she cannot do, so she needs to work with a CNA. She indicated that sometimes it is difficult to get a CNA to assist because they are so busy. For example [TRUNCATED]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2024
NAME OF PROVIDER OR SUPPLIER  Gulf Shores Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Ninth Street Port Saint Joe, FL 32456	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0772</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have an agreement with an approved laboratory to obtain services, if on-site laboratory services aren't provided.</p> <p>43857</p> <p>Based on record review and interviews, the facility failed to obtain laboratory results for 1 of 1 residents sampled for blood sample testing. (Resident #7)</p> <p>The findings include:</p> <p>On 8/8/24, a review of resident #7's medical record was conducted. A physician ordered laboratory blood sample tests for a CBC (Complete Blood count), BMP (Basic Metabolic Panel) and Hemoglobin A1c dated 7/22/24. A review of resident #7's Treatment Administration Record (TAR) revealed the blood sample was documented as completed on 7/22/24. Further review of medical records revealed no results were on file. Laboratory results were requested by the Director of Nursing (DON), but none were provided.</p> <p>On 8/8/24 at 12:08 PM, an interview was conducted with Staff R, Registered Nurse (RN). She reviewed Resident #7's full medical records and confirmed there were no lab results for 7/22/24. Staff R, RN confirmed there was a physician's order dated 7/22/24. She further explained laboratory staff had come in the morning. She verified that Resident #7 had a check mark on his TAR documentation, which meant the collection was completed, but the results were not received.</p>		