

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 10/31/2024
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>42756</p> <p>Based on record review and interview, the facility failed to ensure that employee performance reviews were completed every 12 months for 1 of 6 sampled Certified Nursing Assistant (CNA) staff members. (Staff Member D)</p> <p>Additionally, the facility failed to ensure that 1 of 6 staff members received annual training for responding to cognitively impaired residents with difficult behaviors every 12 months. (Staff Member D)</p> <p>The findings include:</p> <p>On 10/30/24 at approximately 10:55 AM, an interview was conducted with Staff Member D, a CNA. She was asked if she recalled her last training regarding resident rights and abuse prevention, working with cognitively impaired residents with difficult behaviors, dementia, and annual performance evaluation. She explained she knew she had had the trainings and evaluations but could not provide information regarding when the trainings and last performance evaluation occurred.</p> <p>On 10/31/24 at approximately 10:00 AM, a review of the employee file for Staff Member D was conducted. Staff Member D was hired on 10/20/22 according to the background screening on file and the employee list. A copy of the Mental Health Challenging Behaviors Competency Check Off dated 10/30/24 was provided. An employee evaluation dated 10/30/24 was provided. The facility did not provide any employee evaluations prior to 10/30/24. The facility did not provide any training in responding to cognitively impaired residents with difficult behaviors prior to 10/30/24.</p> <p>On 10/31/24 at approximately 10:20 AM, the Director of Nursing (DON) was interviewed. She was asked to provide a copy of the staff education plan. She was also asked when the performance evaluation and training was conducted for Staff Member D. The DON indicated the performance evaluation and training was completed yesterday evening. She was not able to provide information regarding completion of working with cognitively impaired residents with difficult behaviors training or annual performance evaluations for Staff Member D prior to 10/30/24.</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
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