

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility failed to protect the resident's right to be free from neglect related to proper use of mechanical lifts during transfers for two residents (#14 and #4) out of 21 residents dependent on mechanical lifts for transfers.</p> <p>The facility neglected to properly assess Resident #14 for the use of a mechanical lift and failed to educate staff to implement proper transfer methods, resulting in a major injury that occurred on 05/12/2025 resulting in Resident #14 being transferred to a higher level of care and required surgical repair of a spiral comminuted fracture of the right femur. The facility's neglect resulted in physical pain and psychosocial suffering for Resident #14.</p> <p>This neglect created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Resident #14 and Resident #4 and resulted in the determination of Immediate Jeopardy on 05/12/2025. The findings of Immediate Jeopardy were determined to be removed on 06/13/2025 and the severity and scope was reduced to a D after verification of removal of immediacy of harm.</p> <p>Findings Included:</p> <p>1. Review of Resident #14's Information Record, dated 06/11/2025, revealed Resident #14 was originally admitted to the facility on [DATE] with diagnoses of primary osteoarthritis, dementia, need for assistance with personal care, cognitive communication deficit. Review of the admission Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Section C0100 showed the resident is rarely/never understood.</p> <p>Review of Resident #14's physician orders, dated 05/12/2025, showed the resident had an active order to send resident to the emergency room (ER) for evaluation and treatment of right hip pain, one time, only for one day.</p> <p>Review of Resident #14's Kardex (a document used by staff with specific instructions for a resident's care needs) showed transferring Functional Abilities (GG): Bed-to-Chair Transfer, sit-to stand (mechanical lift). The Kardex was updated during the survey on 6/11/2025 showing the resident was totally dependent on staff for transferring, requiring a mechanical lift with two staff assistance for transfers.</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:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the Care Plan for Resident #14 revealed a Focus: [Resident #14] has limited physical mobility related to disease process, senile degeneration of brain Weakness, initiated on 12/25/2025. The goal showed Resident #14 will remain free of complication related to immobility, including contractures, thrombus formation, skin-breakdown, fall related to injury through next review date, initiated 12/25/2025 and revised on 06/09/2025. The interventions showed Resident #14 was non-weight bearing, initiated on 06/10/2025.</p> <p>Review of a Change in Condition form, dated 05/12/2025, showed Resident #14's right hip appeared displaced, she had decreased functional mobility compared to her baseline, and experienced new pain. Her non-verbal signs of pain were described as screaming. Resident #14 was transported to the hospital on [DATE] by emergency transport.</p> <p>Review of a local hospital record, dated 5/12/2025, showed Resident #14 to be a [AGE] year-old female who resides at [Name of Facility] with history of dementia presented to the local hospital emergency room with chief complaint of right lower extremity pain after falling out of bed. X-rays taken in the emergency room revealed a displaced spiral subtrochanteric fracture of the right femur with severe osteopenia, also questionable right inferior pubic rami fracture noted as well. Plan for open reduction and internal fixation of the right femur.</p> <p>Review of a local hospital radiology report, dated 5/12/2025, showed: X-ray of the hip unilateral with pelvis when performed; 2-3 view Comparison: No prior. Findings noted: Spiral comminuted fracture in the subtrochanteric portion of the right femur which spirals into the proximal shaft and is displaced and impacted with the proximal portion of the femur rotated laterally. Questionable fracture of the inferior public ramus on the right.</p> <p>Review of a local hospital operative report, dated 5/12/2025, revealed Resident #14 had an open reduction and internal fixation of right hip subtrochanteric fracture with [Medical Equipment Company] 340 x 10 millimeters (mm) intramedullary (IM) rod with 95 millimeters proximal lag screw and 45 millimeters (mm) distal set screw .Incision was irrigated with antibiotic solution. Closure was performed with #1 [Surgical Suture] for the fascial [connective tissue that surrounds and supports bones, muscles, nerves, blood vessels, and organs throughout the body.] closure, 2-0 [Surgical Suture] subcutaneous, and standard skin staples. Xeroform dry dressing was applied.</p> <p>A review of a local hospital progress note, dated 5/19/2025, showed Resident #14 was hospitalized due to a right hip fracture after a fall from bed at the patient's nursing home. She underwent right hip open reduction and internal fixation (ORIF) on 5/13/2025. Resident #14 had intermittently elevated temperatures since 5/13/2025 with no infectious source identified. Acute intertrochanteric fracture of the right femur with varus angulation and mild displacement. Lesser trochanteric avulsion fragment is mildly displaced. No dislocation. No other fractures are identified. Moderate right and mild left hip arthrosis. Conclusion: Acute fracture of the right hip.</p> <p>A review of the Physician Order Summary Report for Resident #14, dated 06/12/2025, revealed the following:</p> <p>-Weekly Skin Sweeps, every day shift, every Tue (Tuesday) for skin observation.</p> <p>-Acetaminophen Oral Tablet (Acetaminophen) Give 1000 milligram (mg) by mouth every 12 hours related to Abnormal Posture: Pain Disorder with related psychological fracture</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Assess resident for pain every shift; Non-pharmacological interventions: 1 = relaxations, 2 = light touch, 3 = I (pharmaceutical name), 4 = exercise, 5 = music, 6 = N/A, 7= other see progress note.</p> <p>Document corresponding code and pain level in supplemental documentation every shift for monitor - start on 5/21/2025,</p> <p>-Eliquis Oral Tablet 2.5 milligram (mg) (Apixaban) Give 1 tablet by mouth two times a day for status post (s/p) surgery - started on 5/21/2025</p> <p>-Tramadol Hydrochloride Oral Tablet 50 mg (Tramadol HCl) Give 1 tablet by mouth every 4 hours as needed for pain - started on 5/20/25</p> <p>- Right Hip Staples: gently cleanse area, dry, cover with long border dressing every shift for Infection Preventions - Start 05/24/2025</p> <p>- Non-Weight Bearing for 3 weeks every shift for wound care for 21 days.</p> <p>Review of the Medical Administration Records (MAR) for Resident #14, dated May and June 2025, showed Resident #14's pain levels were assessed after she was admitted back to the facility on every shift. The review showed Tramadol was administered on May 27th with a pain level marked 7 out of 10; on May 28th pain level was marked as 7 out of 10; and on June 3rd the pain level was marked as 6 out of 10, meaning the pain levels were very strong keeping Resident #14 from doing things. Source: <a href="https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.learning-about-the-0-to-10-pain-scale.abs0043">https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.learning-about-the-0-to-10-pain-scale.abs0043</a></p> <p>An interview was conducted on 6/10/2025 at 12:08 p.m. with Staff F, Certified Nursing Assistant (CNA) /Restorative Aide. He stated the resident was dependent on transfers with two-person assistance using the mechanical lift. He stated he assisted Staff Q, CNA, with transferring Resident #14 using a mechanical lift to get her in and out of bed in the morning and afternoon on the day she was sent to the hospital (5/12/25). He stated when they got the resident up in the morning, there was nothing wrong with her leg, but when they transferred her back into bed, he noticed something wrong with her leg. He said, her leg looked out of place. He stated he called the Assistant Director of Nursing (ADON) immediately to check the resident out.</p> <p>During an interview conducted on 06/10/2025 at 12:24 p.m. with Staff L, Licensed Practical Nurse (LPN), she stated she was familiar with Resident #14 and was usually the nurse assigned to the resident. She stated when she arrived at work, Resident #14 was being sent out to the hospital for evaluation. She stated she went down to the resident's room to check on her. When she arrived at the room, Staff F, CNA asked her if the resident had any pain the day before. She reported the resident was just fine and there was nothing unusual going on with her yesterday. Staff L, LPN said, When I touched Resident #14's leg, [the resident] yelled out like she was in pain. She stated the resident screamed out in pain and said, Lord, it hurts. Staff L, LPN said the resident returned back to the facility with thirty-nine staples in her right leg. Staff L, LPN said, To be honest, I don't know what happened to her because she was just fine the day before.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/10/2025 at 1:01 p.m. with Resident #14's Primary Care Provider (PCP). He stated he was notified the resident was going to the ER. The PCP said, It's kind of sketchy what happened to her. He stated that the chief complaint note from the hospital showed that she had fallen at the facility, but no one told him that was what happened. He stated these types of fracture happen a lot with very frail elderly people, whenever they have a fall or do a sharp turn and then fall. He said he did not look at the radiology report to see what type of fracture the resident had sustained.</p> <p>During an interview conducted on 06/10/2025 at 1:23 p.m. with the ADON, she stated she remembered coming down the hall when she heard Resident #14 yelling. The ADON said she stopped and was getting ready to knock on the door as Staff Q, CNA, opened the door to tell her she needed to check the resident out. The ADON stated as she entered the room, Staff F, CNA was in the room and the mechanical lift was next to the bed. She stated when she looked over at Resident #14, she noticed her right hip bulging out of place and swollen. She said she immediately went to get the Director of Nurses (DON). The ADON said the DON came to the room, did a visual assessment on Resident #14, and had her send the resident out to the local hospital for further evaluation. She stated she received a call from the resident's family member asking what happened to [Resident #14]. The ADON stated the family member reported having to sign consent because the resident had to have surgery due to a fracture.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/10/2025 at 1:54 p.m. with the DON and the Nursing Home Administrator (NHA). The DON reviewed her statement and said she noted at approximately 1400 (2 p.m.) on 5/12/2025, the ADON came to the administrator's office reporting an emergency. The DON stated she went down to the resident's room, and the assigned 7:00 a.m. to 3:00 p.m. CNA showed her Resident #14's right hip, which appeared to be swollen and appeared to be a different size than the left hip. The NHA stated Resident #14 appeared to be in pain in the right hip. The DON stated she gave the ADON the directive to send the resident to the hospital ASAP (as soon as possible). The DON made recommendations to notify the provider and the [family member]. The NHA stated they were shocked when the [family member] called the DON and stated the resident needed to have surgery. The NHA stated they contacted the hospital to get an update on her status and to request records to see what type of fracture the resident had suffered. The NHA stated when they got the hospital medical records, it was noted the resident had suffered a fracture due to a fall. The NHA stated they interviewed everyone who worked on the unit that day and gathered information from the resident roommate. The NHA stated the Emergency Medical Services (EMS) Run Report came back two weeks later, showing nursing had reported the resident had right hip pain related to a fall. The NHA stated there was a discrepancy on the reporting, as he had interviewed his nurses and no one said the resident had fallen. The NHA stated they were under the impression that it was the sling or pressure from the mechanical lift that was the cause of her dislocated hip. The DON stated she did not have a good answer as to who was responsible for assessing residents for use of mechanical lift and sling sizes. The DON said, The aides are familiar with the residents, so they know what size sling to use on a resident. The DON stated typically when the CNA goes through orientation, another aide provides the new CNA with training on using the mechanical lift. She stated she and the ADON interviewed the resident's roommate, who reported not having noticed anything different with Resident #14 and not seeing the resident on the floor. The DON stated she interviewed the CNAs, and they stated they assisted Resident #14 from her chair back in bed using the mechanical lift. The DON stated Resident #14 has always used a mechanical lift, but this was the first time an incident had happened during her transfer. The NHA stated after they were notified about the incident, they conducted inspections on their mechanical lift and slings. They all checked out to be working properly and in good condition. The NHA stated they concluded two experienced CNAs transferred Resident #14 on the day of the incident and the resident experienced pain. The DON and doctor were notified, and the resident was sent out to the hospital.</p> <p>During an interview conducted on 06/11/2025 at 9:13 a.m. with Staff Q, CNA, she said, On 5/12/2025 it was a regular day and routine with assisting Resident #14. She stated she gets the resident up after breakfast on Mondays, Wednesdays and Fridays. She stated she changed the resident, got her dressed, then put the sling underneath the resident to get her ready to transfer her using the mechanical lift. She stated she got Staff F, CNA to assist her with the transfer. She said after they placed Resident #14 in her chair, Staff F, CNA checked to make sure the resident was positioned in her chair properly and placed her footrest onto her chair. Then she placed Resident #14 outside of her room door. She said later the resident was taken to the television room by an unidentified staff member. She stated when they got Resident #14 up she did not see anything unusual, and the resident did not show any signs of pain. She said when she and Staff F, CNA put Resident #14 back to bed using the mechanical lift, they lifted the resident's dress to remove the sling, Staff F, CNA noticed swelling on the resident's right hip. She stated when she saw Resident #14's hip, she knew it was popped out of place. She stated she knows the resident was a mechanical lift transfer, but there was no documentation in the computer showing the type of lift the resident requires. She said she knew how to use a mechanical lift because she was a veteran nurse's aide but had not received a visual demonstration on how to properly lift a resident. She said she has not gotten Resident #14 out of bed since she returned back to the facility on 5/20/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/11/2025 at 10:12 a.m. with the Director of Rehabilitation (DOR). He stated nursing sets the resident's transfer status based on the information from the Agency for Health Care Administration (AHCA) form 3008. He stated, Per therapy standards, if the resident was max-dependent, they are automatically a mechanical lift with two-person assistance. The DOR stated they do not give formal training to staff regarding safe use of a mechanical lift, and they do not perform demonstration with the mechanical lifts. He stated he talks to staff about positioning, having a second person when using the lifts, and staff needing to talk to their residents during the transfer. The DOR confirmed since he had been at the facility he had not provided any training for mechanical lifts with staff. The DOR stated Resident #14 was picked up for therapy on 05/21/2025 for Occupational Therapy and on 05/24/2025 for Physical Therapy. He stated prior to the incident, the resident had not been seen by therapy. He confirmed the resident required a mechanical lift and a two-person transfer. The DOR stated he did not have an assessment for the use of the mechanical lift for Resident #14. He stated he was not involved with sizing residents for sling use. The DOR looked through therapy evaluations for Resident #14 and stated he did not see any evaluation done for the use of the mechanical lift.</p> <p>An interview conducted with the Medical Director on 06/12/2025 at 11:32 a.m. revealed he was involved in the QA (Quality Analysis) process. He stated the facility follows up on his recommendations. He stated the NHA calls him regarding incidents in the facility, but he is not involved in everything. They call him for incidents like medication errors and an injury of an unknown source. He stated he was notified about a patient that ended up with a hip fracture but there was no fall involved. He stated he told them to continue education with the staff on how to care for elderly patients. He stated there were many things that could have happened to contribute to the resident's fracture.</p> <p>2. On 06/09/2025 at 9:30 a.m. Staff Q, CNA was observed coming out of Resident #4's room with a mechanical lift, by herself. In an interview, Staff Q, CNA confirmed she had just transferred Resident #4 by herself using the mechanical lift. She stated there should have been two staff.</p> <p>A review of an admission Record dated 06/11/2025 showed Resident #4 was admitted to the facility on [DATE] with diagnoses to include but not limited to chronic obstructive pulmonary disease (COPD), unspecified, Communication deficit, need for assistance with personal care, and restless leg syndrome.</p> <p>During an interview with Resident #4 conducted on 06/09/2025 at 10:00 a.m., she stated there was always one CNA in the room when she is transferred to her wheelchair or bed using the Mechanical lift. Resident #4 stated this made her nervous.</p> <p>A review of the Minimum Data Set (MDS), dated [DATE], revealed Resident #4 had a Brief Interview of Mental Status score of 13 out of 15, indicating the resident was cognitively intact.</p> <p>Review of Resident #4's Kardex section (GG) - Bed-to-Chair Transfer showed, Sit-to Stand (a type of mechanical lift), is totally dependent on staff for transferring. The Kardex did not specify the number of staff required for the transfer.</p> <p>During an interview conducted on 06/09/2025 at 3:00 p.m., with the ADON, he stated she told Staff Q, CNA she cannot transfer residents with a mechanical lift by herself. She stated she must have another person with her for safety when transferring a resident using a mechanical lift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/10/2025 at 1:00 p.m. with the DON. She confirmed mechanical lifts always require two people when used to transfer a resident. She stated this would be the best practice, to ensure the safety of the resident.</p> <p>Review of a facility policy titled Lifting Machine, Using a Mechanical, dated 6/12/25, showed, the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufacturer's training or instructions.</p> <p>General Guidelines:</p> <ol style="list-style-type: none"> <li>1. At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift.</li> <li>2. Mechanical lifts may be used for tasks that require:               <ol style="list-style-type: none"> <li>a. Lifting a resident from the floor.</li> <li>b. Transferring a resident from bed to chair.</li> <li>c. Lateral transfers.</li> <li>d. Lifting limbs.</li> <li>e. Toileting or bathing; or</li> <li>f. Repositioning.</li> </ol> </li> <li>3. Types of lifts that may be available in the facility are:               <ol style="list-style-type: none"> <li>a. Floor-based full body sling lifts</li> <li>b. Overhead full body sling lifts; and</li> <li>c. Sit-to-stand lifts.</li> </ol> </li> <li>4. Lift design and operation vary across manufacturers. Staff must be trained and demonstrate competency using the specific machines or devices utilized in the facility.</li> </ol> <p>Steps in the Procedure</p> <ol style="list-style-type: none"> <li>1. Before using a lifting device, assess the resident's current condition, including:               <ol style="list-style-type: none"> <li>a. Physical:                   <ol style="list-style-type: none"> <li>1. Can the resident assist with transfer?</li> <li>2. Is the resident's weight and medical condition appropriate for the use of a lift?</li> </ol> </li> <li>b. Cognitive/Emotional:</li> </ol> </li> </ol> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> <li>1. Can the resident understand and follow instructions?</li> <li>2. Does the resident express fear or appear anxious about the use of a lift?</li> <li>3. Is the resident agitated, resistant, or combative?</li> </ol> <ol style="list-style-type: none"> <li>2. Measure the resident for proper sling size and purpose, according to manufacturer's instructions.</li> <li>3. Select a sling bar that is appropriate for the resident's size and the task.</li> <li>4. Prepare the environment:             <ol style="list-style-type: none"> <li>a. Clear an unobstructed path for the lift machine.</li> <li>b. Ensure there is enough room to pivot.</li> <li>c. Position the lift near the receiving surface; and</li> <li>d. Place the lift at the correct height.</li> </ol> </li> <li>5. Make sure the battery is charged.</li> <li>6. Test the lift controls. Ensure the emergency release feature works.</li> <li>7. Make sure the lift is stable and lock</li> </ol> <p>Review of a facility policy titled Abuse, Neglect and Misappropriation of Property, revised 5/8/19, showed:</p> <p>It is the organization's intention to prevent the occurrence of abuse, neglect, exploitation, injuries of unknown origin, and misappropriation of resident property, and to assure that all alleged violations of federal or State laws which involve abuse, neglect, exploitation, injuries of unknown origin and misappropriation of resident property are investigated, and reported immediately to the Facility Administrator, the State Survey Agency, and other appropriate State and local agencies in accordance with Federal and State law.</p> <p>Definitions: Injury of Unknown Source: Means an injury that meets both of the following conditions: (1) the source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and</p> <p>(2) the injury is suspicious because of the extent of the injury; or the location of the injury (for instance, the injury is located in an area not generally vulnerable to trauma); or the number of injuries observed at one particular point in time; or the incidence of injuries over time. Such occurrences will be investigated by the Administrator, Director of Nursing, or designee as outlined below in the investigation guidelines.</p> <p>Serious Bodily Injury:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The term serious bodily injury is defined as an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.</p> <p>Procedure:</p> <p>B. Training:</p> <p>1. During orientation, all new Stakeholders, contractors and volunteers will be trained on reporting allegations of abuse; and notify the stakeholders, contractors, and volunteers of the individual's obligation to comply with the reporting requirements of the Affordable Care Act section 1150 B (Elder Justice Act). Documentation of such training will be kept in each person's personnel file. Employees of the Contractor may be trained by the contractor, so long as such training meets the following requirements, and the contractor certifies that each of its employees providing services at the facility has completed and passed such training.</p> <p>Prevention:</p> <p>1. Upon admission and periodically there after each resident will have an evaluation completed which identifies potential vulnerabilities such as cognitive, physical, psychosocial, environment and communication concerns.</p> <p>2. The plan of care will address identified vulnerabilities.</p> <p>Investigation Guidelines:</p> <p>1. The Facility Administrator will investigate all allegations, reports, grievances and incidents that potentially could constitute allegations of abuse, injuries of unknown source, exploitation, or suspicions of crime as defined in this document. The Facility Administrator may delegate some or all of the investigation to the Director of Nursing, Medical Director or other subject matter experts as appropriate, but the Facility Administrator retains the ultimate responsibility to oversee and complete the investigation, and to draw conclusions regarding the nature of the incident.</p> <p>Review of a facility policy titled Accidents and Incidents - Investigating and Reporting, dated 6/12/25, showed a policy statement:</p> <p>All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator.</p> <p>Policy Interpretation and Implementation (1.) The Nurse Supervisor/Charge Nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.</p> <p>The facility's immediate actions to correct the deficient practice and remove the Immediate Jeopardy, received on 6/13/25, included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> <li>1. On 6/12/25 at 2:00 p.m. the Administrator held an Emergency Information Sharing Ad-Hoc Meeting regarding Mechanical Lift Safety Plan at 3:00 p.m.</li> <li>2. The Assistant Director of Nursing on 6/12/2025 provided education to nursing staff of 2-person lift and mechanical lift policy. Education of nursing staff reached 100%. Of the nursing staff 85% were educated in-person, while the remaining 15% were sent education material through a direct messaging program.</li> <li>3. The Director of Nursing and ADON initiated Skills Competencies for Mechanical Lift for nursing staff on 6/12/25. At this time, 100% of nursing staff have the competencies completed.</li> <li>4. On 6/11/25, the MDS Coordinator began updating Care plans for residents to reflect the transfer status of residents. 6/13/25. At this time, 100% of care plans have been updated.</li> <li>5. On 6/12/25, a Kardex audit was initiated by the Director of Nursing confirming the lift status of residents. Currently the Kardex audit indicates 100% Kardex's have been updated with mechanical lift status.</li> <li>6. A daily observational audit conducted by the Director of Nursing (or designee) to validate that staff are transferring residents based on the care plan/Kardex. This audit started on 6/12/25 and will report to the monthly QAPI meeting.</li> <li>7. Manufacturer guidelines on the slings' size have been posted in the clean utility rooms on 6/12/25.</li> <li>8. The therapy department assesses the lift and transfer status of residents. This information is shared with the nursing staff in the daily clinical meeting and changes reviewed at the weekly Standards of Care Meeting (SOC). The rehab staff have reassessed Resident #4 on June 13, 2025. Resident #14 cannot currently be assessed for transfer status due to pending medical clearance.</li> </ol> <p>Verification of the facility's removal plan was conducted by the survey team on 6/13/2025. All steps contained in the removal plan were reviewed and verified. Interviews were conducted with facility staff, licensed nurses, nursing assistants and therapy staff. Thirty-one (31) nursing staff members and therapy staff confirmed having received in-services on topics to include use of mechanical lifts, care plan, care plan/Kardex review, Mechanical lift use/2-persons transfer, and sling sizes. 100% of staff completed in-services on 6/12/2025, voicing an understanding of the policies and processes required to provide competent care for residents. The staff interviewed have worked across all shifts. A review of the sign-in sheets was conducted to verify education, and training was completed as outlined in the Immediate Jeopardy removal plans.</p> <p>Based on verification of the facility's Immediate Jeopardy removal plan, the immediate jeopardy was determined to be removed on 6/13/2025 and the non-compliance was reduced to a scope and severity of D.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	

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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure licensed nursing staff were knowledgeable and competent to provide care and services to include safe mechanical lift transfers for two residents (#4 and #14) out of twenty-one dependent residents sampled.</p> <p>This failure created a situation that resulted in a worsened condition and the likelihood for serious injury and or death to Resident #14, with potential to affect all residents who are dependent on mechanical lifts for transfers. This failure resulted in the determination of Immediate Jeopardy on 06/13/2025. The findings of Immediate Jeopardy were determined to be removed on 6/13/2025 and the severity and scope was reduced to a D after verification of removal of immediacy of harm.</p> <p>Findings Included:</p> <p>1. On 6/10/2025 at 3:20 p.m. an interview was conducted with six Certified Nursing Assistants (CNAs) Staff C, H, I, E, J, K, and two Licensed Practical Nurses (LPN) Staff G and L. They stated in order to find out what residents on their shift assignment require mechanical lift transfers, they will find and identify the information on the care planning section of the Kardex (A document used by staff with instructions specific to the resident's care needs). The nursing staff confirmed while using the mechanical lift to transfer a resident, two staff members must be present to ensure safety. The CNAs stated in order to know what type and size of sling to use with the mechanical lift, they make a general observation and self-assessment of the size of the resident and will pick a color-coded sling that best matches. The staff confirmed there were no directions on what sling goes to each resident who requires mechanical lift transfers. The staff members could not confirm they had received specific education at this facility, regarding the use of mechanical lifts.</p> <p>On 6/11/2026 at 6:40 a.m. an interview was conducted with CNAs Staff M, F, N, and LPNs Staff O, and P. The nursing staff confirmed while using the mechanical lift to transfer a resident, two staff members must be present to ensure safety. The CNAs stated in order to know what type and size of sling to use with the mechanical lift, they make a general observation and self-assessment of the size of the resident and will pick a color-coded sling that best matches. The staff confirmed there were no directions on what sling goes to each resident who requires mechanical lift transfers. The staff members could not confirm they had received specific education at this facility, regarding the use of mechanical lifts.</p> <p>On 06/09/2025 at 9:30 a.m. Staff Q, CNA was observed coming out of Resident #4's room with a mechanical lift, by herself. In an interview, Staff Q, CNA confirmed she had just transferred Resident #4 by herself using the mechanical lift. She stated there should have been two staff.</p> <p>A review of an admission Record dated 06/11/2025 showed Resident #4 was admitted to the facility on [DATE] with diagnoses to include but not limited to chronic obstructive pulmonary disease (COPD), unspecified, Communication deficit, need for assistance with personal care, and restless leg syndrome.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident #4 conducted on 06/09/2025 at 10:00 a.m., she stated there was always one CNA in the room when she is transferred to her wheelchair or bed using the Mechanical lift. Resident #4 stated this made her nervous.</p> <p>A review of the Minimum Data Set (MDS), dated [DATE], revealed Resident #4 had a Brief Interview of Mental Status score of 13 out of 15, indicating the resident was cognitively intact.</p> <p>Review of Resident #4's Kardex section (GG) - Bed-to-Chair Transfer showed, Sit-to Stand (a type of mechanical lift), is totally dependent on staff for transferring. The Kardex did not specify the number of staff required for the transfer.</p> <p>During an interview conducted on 06/09/2025 at 3:00 p.m., with the ADON, he stated she told Staff Q, CNA, she could not transfer residents with a mechanical lift by herself. She stated she must have another person with her for safety when transferring a resident using a mechanical lift.</p> <p>An interview was conducted on 06/10/2025 at 1:00 p.m. with the DON. She confirmed mechanical lifts always require two people when used to transfer a resident. She stated this would be the best practice, to ensure the safety of the resident.</p> <p>An interview was conducted on 6/10/2025 at 3:00 p.m. with the Minimum Data Set (MDS) Coordinator, Staff U, LPN. She stated the CNAs use the resident's Kardex to know what type of assistance the resident required during their transfer. She stated about two years ago the facility changed their electronic medical record system and she did not update any of the resident's transfer care plans/ Kardex section to reflect the specific resident's transfer status. She stated Resident #14's information on her Kardex was not correct because the resident cannot use a Sit-to -Stand lift to transfer. She stated the resident required a mechanical lift with two staff present. Staff U stated Resident #4's Kardex was not correct either. She stated they would be revising and updating the care plans.</p> <p>2. Review of Resident #14's Information Record, dated 06/11/2025, revealed Resident #14 was originally admitted to the facility on [DATE] with diagnoses of primary osteoarthritis, dementia, need for assistance with personal care, cognitive communication deficit. Review of the admission Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 00, indicating severe cognitive impairment. Section C0100 showed the resident is rarely/never understood.</p> <p>Review of Resident #14's physician orders, dated 05/12/2025, showed the resident had an active order to send resident to the emergency room (ER) for evaluation and treatment of right hip pain, one time, only for one day.</p> <p>Review of Resident #14's Kardex (a document used by staff with specific instructions for a resident's care needs) showed transferring Functional Abilities (GG): Bed-to-Chair Transfer, sit-to stand (mechanical lift). The Kardex was updated during the survey on 6/11/2025 showing the resident was totally dependent on staff for transferring, requiring a mechanical lift with two staff assistance for transfers.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of the Care Plan for Resident #14 revealed a Focus: [Resident #14] has limited physical mobility related to disease process, senile degeneration of brain Weakness, initiated on 12/25/2025. The goal showed Resident #14 will remain free of complication related to immobility, including contractures, thrombus formation, skin-breakdown, fall related to injury through next review date, initiated 12/25/2025 and revised on 06/09/2025. The interventions showed Resident #14 was non-weight bearing, initiated on 06/10/2025.</p> <p>Review of a Change in Condition form, dated 05/12/2025, showed Resident #14's right hip appeared displaced, she had decreased functional mobility compared to her baseline, and experienced new pain. Her non-verbal signs of pain were described as screaming. Resident #14 was transported to the hospital on [DATE] by emergency transport.</p> <p>Review of a local hospital record, dated 5/12/2025, showed Resident #14 to be a [AGE] year-old female who resides at [Name of Facility] with history of dementia presented to the local hospital emergency room with chief complaint of right lower extremity pain after falling out of bed. X-rays taken in the emergency room revealed a displaced spiral subtrochanteric fracture of the right femur with severe osteopenia, also questionable right inferior pubic rami fracture noted as well. Plan for open reduction and internal fixation of the right femur.</p> <p>Review of a local hospital radiology report, dated 5/12/2025, showed: X-ray of the hip unilateral with pelvis when performed; 2-3 view Comparison: No prior. Findings noted: Spiral comminuted fracture in the subtrochanteric portion of the right femur which spirals into the proximal shaft and is displaced and impacted with the proximal portion of the femur rotated laterally. Questionable fracture of the inferior public ramus on the right.</p> <p>Review of a local hospital operative report, dated 5/12/2025, revealed Resident #14 had an open reduction and internal fixation of right hip subtrochanteric fracture with [Medical Equipment Company] 340 x 10 millimeters (mm) intramedullary (IM) rod with 95 millimeters proximal lag screw and 45 millimeters (mm) distal set screw .Incision was irrigated with antibiotic solution. Closure was performed with #1 [Surgical Suture] for the fascial [connective tissue that surrounds and supports bones, muscles, nerves, blood vessels, and organs throughout the body.] closure, 2-0 [Surgical Suture] subcutaneous, and standard skin staples. Xeroform dry dressing was applied.</p> <p>A review of a local hospital progress note, dated 5/19/2025, showed Resident #14 was hospitalized due to a right hip fracture after a fall from bed at the patient's nursing home. She underwent right hip open reduction and internal fixation (ORIF) on 5/13/2025. Resident #14 had intermittently elevated temperatures since 5/13/2025 with no infectious source identified. Acute intertrochanteric fracture of the right femur with varus angulation and mild displacement. Lesser trochanteric avulsion fragment is mildly displaced. No dislocation. No other fractures are identified. Moderate right and mild left hip arthrosis. Conclusion: Acute fracture of the right hip.</p> <p>A review of the Physician Order Summary Report for Resident #14, dated 06/12/2025, revealed the following:</p> <p>-Weekly Skin Sweeps, every day shift, every Tue (Tuesday) for skin observation.</p> <p>-Acetaminophen Oral Tablet (Acetaminophen) Give 1000 milligram (mg) by mouth every 12 hours related to Abnormal Posture: Pain Disorder with related psychological fracture</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	

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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Assess resident for pain every shift; Non-pharmacological interventions: 1 = relaxations, 2 = light touch, 3 = I (pharmaceutical name), 4 = exercise, 5 = music, 6 = N/A, 7= other see progress note.</p> <p>Document corresponding code and pain level in supplemental documentation every shift for monitor - start on 5/21/2025,</p> <p>-Eliquis Oral Tablet 2.5 milligram (mg) (Apixaban) Give 1 tablet by mouth two times a day for status post (s/p) surgery - started on 5/21/2025</p> <p>-Tramadol Hydrochloride Oral Tablet 50 mg (Tramadol HCl) Give 1 tablet by mouth every 4 hours as needed for pain - started on 5/20/25</p> <p>- Right Hip Staples: gently cleanse area, dry, cover with long border dressing every shift for Infection Preventions - Start 05/24/2025</p> <p>- Non-Weight Bearing for 3 weeks every shift for wound care for 21 days.</p> <p>Review of the Medical Administration Records (MAR) for Resident #14, dated May and June 2025, showed Resident #14's pain levels were assessed after she was admitted back to the facility on every shift. The review showed Tramadol was administered on May 27th with a pain level marked 7 out of 10; on May 28th pain level was marked as 7 out of 10; and on June 3rd the pain level was marked as 6 out of 10, meaning the pain levels were very strong keeping Resident #14 from doing things. Source: <a href="https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.learning-about-the-0-to-10-pain-scale.abs0043">https://healthy.kaiserpermanente.org/health-wellness/health-encyclopedia/he.learning-about-the-0-to-10-pain-scale.abs0043</a></p> <p>An interview was conducted on 6/10/2025 at 12:08 p.m. with Staff F, Certified Nursing Assistant (CNA) /Restorative Aide. He stated the resident was dependent on transfers with two-person assistance using the mechanical lift. He stated he assisted Staff Q, CNA, with transferring Resident #14 using a mechanical lift to get her in and out of bed in the morning and afternoon on the day she was sent to the hospital (5/12/25). He stated when they got the resident up in the morning, there was nothing wrong with her leg, but when they transferred her back into bed, he noticed something wrong with her leg. He said, her leg looked out of place. He stated he called the Assistant Director of Nursing (ADON) immediately to check the resident out.</p> <p>During an interview conducted on 06/10/2025 at 12:24 p.m. with Staff L, Licensed Practical Nurse (LPN), she stated she was familiar with Resident #14 and was usually the nurse assigned to the resident. She stated when she arrived at work, Resident #14 was being sent out to the hospital for evaluation. She stated she went down to the resident's room to check on her. When she arrived at the room, Staff F, CNA asked her if the resident had any pain the day before. She reported the resident was just fine and there was nothing unusual going on with her yesterday. Staff L, LPN said, When I touched Resident #14's leg, [the resident] yelled out like she was in pain. She stated the resident screamed out in pain and said, Lord, it hurts. Staff L, LPN said the resident returned back to the facility with thirty-nine staples in her right leg. Staff L, LPN said, To be honest, I don't know what happened to her because she was just fine the day before.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/10/2025 at 1:01 p.m. with Resident #14's Primary Care Provider (PCP). He stated he was notified the resident was going to the ER. The PCP said, It's kind of sketchy what happened to her. He stated that the chief complaint note from the hospital showed that she had fallen at the facility, but no one told him that was what happened. He stated these types of fracture happen a lot with very frail elderly people, whenever they have a fall or do a sharp turn and then fall. He said he did not look at the radiology report to see what type of fracture the resident had sustained.</p> <p>During an interview conducted on 06/10/2025 at 1:23 p.m. with the ADON, she stated she remembered coming down the hall when she heard Resident #14 yelling. The ADON said she stopped and was getting ready to knock on the door as Staff Q, CNA, opened the door to tell her she needed to check the resident out. The ADON stated as she entered the room, Staff F, CNA was in the room and the mechanical lift was next to the bed. She stated when she looked over at Resident #14, she noticed her right hip bulging out of place and swollen. She said she immediately went to get the Director of Nurses (DON). The ADON said the DON came to the room, did a visual assessment on Resident #14, and had her send the resident out to the local hospital for further evaluation. She stated she received a call from the resident's family member asking what happened to [Resident #14]. The ADON stated the family member reported having to sign consent because the resident had to have surgery due to a fracture.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/10/2025 at 1:54 p.m. with the DON and the Nursing Home Administrator (NHA). The DON reviewed her statement and said she noted at approximately 1400 (2 p.m.) on 5/12/2025, the ADON came to the administrator's office reporting an emergency. The DON stated she went down to the resident's room, and the assigned 7:00 a.m. to 3:00 p.m. CNA showed her Resident #14's right hip, which appeared to be swollen and appeared to be a different size than the left hip. The NHA stated Resident #14 also appeared to be in pain in the right hip. The DON stated she gave the ADON the directive to send the resident to the hospital ASAP (as soon as possible). The DON made recommendations to notify the provider and the [family member]. The NHA stated they were shocked when the [family member] called the DON and stated the resident needed to have surgery. The NHA stated they contacted the hospital to get an update on her status and to request records to see what type of fracture the resident had suffered. The NHA stated when they got the hospital medical records, it was noted the resident had suffered a fracture due to a fall. The NHA stated they interviewed everyone who worked on the unit that day and also gathered information from the resident roommate. The NHA stated the Emergency Medical Services (EMS) Run Report came back two weeks later, showing nursing had reported the resident had right hip pain related to a fall. The NHA stated there was a discrepancy on the reporting, as he had interviewed his nurses and no one said the resident had fallen. The NHA stated they were under the impression that it was the sling or pressure from the mechanical lift that was the cause of her dislocated hip. The DON stated she did not have a good answer as to who was responsible for assessing residents for use of mechanical lift and sling sizes. The DON said, The aides are familiar with the residents, so they know what size sling to use on a resident. The DON stated typically when the CNA goes through orientation, another aide provides the new CNA with training on using the mechanical lift. She stated she and the ADON interviewed the resident's roommate, who reported not having noticed anything different with Resident #14 and not seeing the resident on the floor. The DON stated she interviewed the CNAs, and they stated they assisted Resident #14 from her chair back in bed using the mechanical lift. The DON stated Resident #14 has always used a mechanical lift, but this was the first time an incident had happened during her transfer. The NHA stated after they were notified about the incident, they conducted inspections on their mechanical lift and slings. They all checked out to be working properly and in good condition. The NHA stated they concluded two experienced CNAs transferred Resident #14 on the day of the incident and the resident experienced pain. The DON and doctor were notified, and the resident was sent out to the hospital.</p> <p>During an interview conducted on 06/11/2025 at 9:13 a.m. with Staff Q, CNA, she said, On 5/12/2025 it was a regular day and routine with assisting Resident #14. She stated she gets the resident up after breakfast on Mondays, Wednesdays and Fridays. She stated she changed the resident, got her dressed, then put the sling underneath the resident to get her ready to transfer her using the mechanical lift. She stated she got Staff F, CNA to assist her with the transfer. She said after they placed Resident #14 in her chair, Staff F, CNA checked to make sure the resident was positioned in her chair properly and placed her footrest onto her chair. Then she placed Resident #14 outside of her room door. She said later the resident was taken to the television room by an unidentified staff member. She stated when they got Resident #14 up she did not see anything unusual, and the resident did not show any signs of pain. She said when she and Staff F, CNA put Resident #14 back to bed using the mechanical lift, they lifted the resident's dress to remove the sling, Staff F, CNA noticed swelling on the resident's right hip. She stated when she saw Resident #14's hip, she knew it was popped out of place. She stated she knows the resident was a mechanical lift transfer, but there was no documentation in the computer showing the type of lift the resident requires. She said she knew how to use a mechanical lift because she was a veteran nurse's aide but had not received a visual demonstration on how to properly lift a resident. She said she has not gotten Resident #14 out of bed since she returned back to the facility on 5/20/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 06/11/2025 at 10:12 a.m. with the Director of Rehabilitation (DOR). He stated nursing sets the resident's transfer status based on the information from the Agency for Health Care Administration (AHCA) form 3008. He stated, Per therapy standards, if the resident was max-dependent, they are automatically a mechanical lift with two-person assistance. The DOR stated they do not give formal training to staff regarding safe use of a mechanical lift, and they do not perform demonstration with the mechanical lifts. He stated he talks to staff about positioning, having a second person when using the lifts, and staff needing to talk to their residents during the transfer. The DOR confirmed since he had been at the facility he had not provided any training for mechanical lifts with staff. The DOR stated Resident #14 was picked up for therapy on 05/21/2025 for Occupational Therapy and on 05/24/2025 for Physical Therapy. He stated prior to the incident, the resident had not been seen by therapy. He confirmed the resident required a mechanical lift and a two-person transfer. The DOR stated he did not have an assessment for the use of the mechanical lift for Resident #14. He stated he was not involved with sizing residents for sling use. The DOR looked through therapy evaluations for Resident #14 and stated he did not see any evaluation done for the use of the mechanical lift.</p> <p>An interview conducted with the Medical Director on 06/12/2025 at 11:32 a.m. revealed he was involved in the QA (Quality Analysis) process. He stated the facility follows up on his recommendations. He stated the NHA calls him regarding incidents in the facility, but he is not involved in everything. They call him for incidents like medication errors and an injury of an unknown source. He stated he was notified about a patient that ended up with a hip fracture but there was no fall involved. He stated he told them to continue education with the staff on how to care for elderly patients. He stated there were many things that could have happened to contribute to the resident's fracture.</p> <p>An interview was conducted on 6/12/2025 at 2:00 p.m. with the Assistant Director of Nurses (ADON). She stated she had not done any competencies with the nursing staff regarding the use of Mechanical lifts.</p> <p>Review of a facility document titled, Facility Assessment 2025 - Name of Facility showed under purpose, the Facility Assessment is a complete review of internal human and physical resources required by the facility to care for residents competently during day to day and emergency operations. The facility assessment identifies your capabilities as a skilled nursing services provider. The facility Assessment will be the basis for surveyors to ascertain whether you are prepared to competently take care of the population you have identified that you serve.</p> <p>The tool is organized in three parts:</p> <ol style="list-style-type: none"> <li>2. Services and care offered based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment).</li> <li>3. Facility resources needed to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and building needs, and other resources, including agreements with third parties.</li> </ol> <p>Under heading: Complete the Facility Assessment</p> <ol style="list-style-type: none"> <li>7. The goal is to make decisions about needed resources, including direct care staff needs, as well as their capabilities to provide services to the residents in the facility.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of a Job Description tiled, Nursing Home Administrator showed under Position Summary: The Administrator oversees the overall operation of the nursing home, ensuring regulatory compliance, financial health, resident satisfaction, and team management.</p> <p>Key Responsibilities: Manage daily operations and ensure quality care delivery. Lead department heads and coordinate administrative activities. Ensure compliance with state and federal regulations (e.g., CMS [Centers for Medicare &amp; Medicaid Services]). Oversee budgeting, billing, and financial planning. Represent the facility in community and regulatory matters.</p> <p>Review of a Job Description tiled, Director of Nursing (DON) showed under Position Summary: The DON is responsible for the overall management of the nursing department, including policy development, staff supervision, and regulatory compliance.</p> <p>Key Responsibilities: Lead and manage the nursing team to deliver high-quality care. Oversee recruitment, training, and scheduling of nursing staff. Ensure documentation meets legal and regulatory requirements. Conduct quality assurance and performance reviews.</p> <p>Facility immediate actions to remove the Immediate Jeopardy received on 6/13/25 included:</p> <ol style="list-style-type: none"> <li>On 6/12/25 at 2:00 p.m. Administrator held an Emergency Information Sharing Ad-Hoc Meeting regarding Mechanical Lift Safety Plan scheduled at 3 p.m.</li> <li>Assistant Director of Nursing on 6/12/2025 provided education to nursing staff of 2- person lift and mechanical lift policy. Education of nursing staff reached 100%. Of the nursing staff 85% were educated in-person while the remaining 15% were sent education material through a direct messaging program.</li> <li>Director of Nursing and ADON initiated Skills Competencies for Mechanical Lift for nursing staff on 6/12/25. At this time, 100% of nursing staff have competencies completed.</li> <li>On 6/11/25 the MDS Coordinator began updating Care plans for residents to reflect the transfer status of residents. 6/13/25. At this time, 100% of care plans have been updated.</li> <li>On 6/12/25 A Kardex audit has been initiated by the Director of Nursing confirming the lift status of residents. Currently Kardex audit indicates 100% Kardex's have been updated with mechanical lift status.</li> <li>A daily observational audit conducted by the Director of Nursing (or designee) to validate staff are transferring residents based on the care plan/Kardex. This audit started on 6/12/25 and will report to the monthly QAPI meeting.</li> <li>Manufacturer guidelines of the slings size have been posted in the clean utility rooms on 6/12/25.</li> <li>The therapy department assesses the lift and transfer status of residents. This information is shared with the nursing staff in the daily clinical meeting and changes reviewed at weekly Standards of Care Meeting (SOC). The rehab staff have reassessed Resident #4 on June 13, 2025. Resident #14 cannot currently be assessed for transfer status pending medical clearance.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106103	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Gulfport Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 Pasadena Ave S Pasadena, FL 33707	
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 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Verification of the facility's removal plan was conducted by the survey team on 6/13/2025. All steps contained in the removal plan were reviewed and verified. Interviews were conducted with facility staff, licensed nurses, Nursing assistants and therapy staff. 31 nursing staff members and therapy staff confirmed having received in-services on topics to include use of mechanical lifts, care plan, care plan/ Kardex review, Mechanical lifts use/ 2- persons transfer, and sling sizes. 100% of staff completed in-services on 6/12/2025 voicing an understanding of the policies and processes required to provide competent care for residents. The staff interviewed have worked across all shifts. A review of the sign-in sheets was conducted to verify education, and training was completed as outlined in the IJ removal plans.</p> <p>Based on verification of the facility's Immediate Jeopardy removal plan the immediate jeopardy was determined to be removed on 6/13/2025 and the non-compliance was reduced to a scope and severity of D.</p>		