STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106103	A. Building B. Wing	04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulfport Nursing Center	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)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews the facility failed to have sufficient nursing staff with the appropriate skills and competencies to provide intravenous services to two (Residents #2 and #4) of two residents sampled. Findings included: 1. A review of Resident #2's admission Record showed he was admitted to the facility on [DATE] with diagnoses including but not limited to cellulitis of left lower limb, peripheral vascular disease, and polyneuropathy. A review of Resident #2's Minimum Data Set (MDS), dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating cognitively intact. A review of Resident #2's physician orders revealed the following intravenous (IV) orders:Insert Midline, dated 3/3/2026.Insert Peripherally Inserted Central Catheter (PICC), dated 3/4/2026.Change dressing on admission or 24 hours after insertion and weekly ther after and as needed (PRN) for IV site, dated 3/3/2026.Vancomycin HCl Intravenous Solution 1000 MG (milligram)/200ML (milliliter) - Use 1000 mg intravenously in the evening for Left Lower Extremity Wound Infection for 14 Administrations, dated 3/3/2026.Cefepime HCl Intravenous Solution 2 GR (gram)/100ML - Use 2 gram intravenously every 8 hours for Left Lower Extremity Wound for 43 Administrations, dated 3/3/2026.Flush IV with 10ml of normal saline every shift and as needed as needed AND every shift, dated 3/3/2026.Sodium Chloride Solution 0.9 % Use 10ml intravenously every shift for Flush with 10ml of normal saline every shift and as needed, dated 3/7/2026.PICC OR MIDLINE: Measure upper arm circumference and external catheter length on admission, with each dressing change and prn every shift for IV care, dated 3/4/2026.OK to discontinue IV, dated 3/22/2026.A review of Resident #2's medication administration record for March 2026 revealed Staff C, Licensed Practical Nurse (LPN), and Staff D, LPN documented administration of the above medications. An interview on 4/13/2026 at 3:52 P.M. with Staff C, LPN, was conducted. Staff C, LPN said she does not have an IV certification. Staff C, LPN said that she administered IV medications to Resident #2 on several occasions. Staff C, LPN said she does not recall if the facility asked if she was IV certified. 2. A review of Resident #4's admission Record showed she was admitted to the facility on [DATE] with diagnoses including but not limited to cellulitis and elevated white blood cell count. A review of Resident #4's MDS, dated [DATE] revealed a BIMS score of 11 indicating moderate cognitive impairment. A review of Resident #4's physician orders revealed the following intravenous (IV) orders:Insert Midline, dated 4/7/2026.Ceftriaxone Sodium Solution Reconstituted 1 GM Use 1 gram intravenously in the morning for UTI for 7 Days, dated 4/7/2026.Flush with 10ml of normal saline every shift and as needed as needed AND every shift, dated 4/7/2026.Peripherally Inserted Central Catheter (PICC) OR MIDLINE: Measure upper arm circumference and external catheter length on admission, with each dressing change and prn every shift for IV care, dated 4/9/2026.A review of Resident #4's medication administration record for April 2026 revealed Staff A, LPN documented administration of the above intravenous medications and assessment intravenous access. An interview on 4/13/2026 at 1:33 P.M. with Nursing Home Administrator (NHA) was conducted. The NHA said LPNs can give medications, monitor, and change dressings for IV or PICC lines without certifications. The NHA said the only task related to IV access the LPNs are not allowed (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to do is insert or remove the access, stating, LPNs need a certification to insert or remove Peripherally Inserted Central Catheter (PICC) lines. An interview was conducted on 4/13/2026 at 1:40 P.M. with the Director of Nursing (DON). The DON said LPNs must have a certification to administer medications to a resident with IV access or PICC line. The DON said LPNs are not allowed to remove a PICC line and that task must be completed by a Registered Nurse (RN). An interview on 4/13/2026 at 3:26 P.M. with Staff A, LPN was conducted. Staff A said she does not know where her IV certification is. Staff A, stated, I have a garage and shed full of boxes, and I have no idea where it is. Staff A, LPN said the facility had not asked for a copy of her IV certification. An interview on 4/13/2026 at 4:49 P.M. with the Medical Director (MD) was conducted. The MD said a RN should be managing the IV, not an LPN. The MD said LPNs should not administer IV medications to residents via IV access, unless certified. An interview on 4/13/2026 at 4:55 P.M. with Resident #2 and #4's Attending Physician (AP) was conducted. The AP said she assessed Resident #2 following the incident on 3/23/2026 as the DON notified her that an LPN removed Resident #2's PICC Line. The AP stated, LPN cannot remove a PICC Line. The AP said Resident #2's arm was swollen and she was concerned Resident #2 either developed a Deep Vein Thrombosis (DVT) or the pressure wrap that was applied had caused the edema. The AP said DVTs had the potential to be very painful. The AP said after confirmation Resident #2 developed a DVT, she gave orders to send him to the hospital for evaluation. The AP said if the LPN is IV certified then the LPN can administer medications and monitor PICC Lines, stating, but they must be certified. An interview on 4/13/2026 at 5:20 P.M. with the Assistant Director of Nursing in Training (ADONT) was conducted. The ADONT said LPNs must have an IV certification to monitor and maintain and/or administer medications through an IV. The ADONT said PICC line dressing changes should be completed by an RN. The ADONT said the LPNs working at the facility should be IV certified. The ADONT said the nursing department does not collect or verify IV certifications during orientation. The ADONT said LPNs not IV certified should not be maintaining IVs in any aspect of care. An interview on 4/13/2026 at 5:52 P.M. with the Business Office Manager (BOM) was conducted. She said she does not ask for the IV certifications at orientation. The BOM said the nursing department was responsible for that. The BOM said Staff A, LPN, Staff C, LPN, and Staff D, LPN did not have IV certifications in their personnel file. A review of a policy revised on 5/4/2020 and titled, Overview of IV Therapy revealed Peripherally Inserted Central Catheter (PICC), 4: Catheter can be placed or removed at the bedside by a nurse with advanced training and/or certification. A review of the LPN job description revised in May 2022 revealed resident care functions: Providing nursing services to residents in accordance with scope of practice, facility policies, and professional standards of care. Refer to: 64B9-12.005 Competency and Knowledge Requirements Necessary to Qualify the LPN to Administer IV Therapy. https://flrules.org/gateway/ChapterHome.asp?Chapter=64B9-12