STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255092	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coastal Health and Rehabilitation Center	1530 Broad Ave Gulfport, MS 39501

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and facility policy review, the facility failed to store, label, and maintain food in a sanitary manner to prevent contamination and ensure resident safety for one (1) of (1) kitchen observations.Findings Include:Record review of the facility's Food Receiving and Storage, revised July 2014 revealed, Food shall be received and stored in a manner that complies with safe food handling practices.7. Such foods will be rotated using a first in-first out system.On August 4, 2025, at 10:15 AM, during an observation of the kitchen and an interview with the Dietary Manager, the State Agency (SA) observed molded Italian sausages stored inside a box in the walk-in cooler. An open, undated container of garlic parmesan wing sauce was also found in the cooler. In the dry goods storage room, the SA observed a container of [NAME] Sazon salsa mild enchilada sauce with visible mold inside; the product label indicated refrigerate after opening. The Dietary Manager confirmed and acknowledged the presence of molded food products in both the walk-in cooler and dry storage area and verified that these items were stored for resident use.On August 7, 2025, at 4:09 PM, during an interview with the Director of Clinical Services, she stated that her expectation is for dietary staff to check food storage daily.On August 7, 2025, at 5:09 PM, during an interview with the Administrator, he stated that his expectation is for the dietary department to rotate stock, follow manufacturer recommendations for storage and check food storage areas regularly.

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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure Resident Council grievances were addressed for multiple complaints voiced over several months, including concerns with pest control, linen shortages, and food quality, for multiple residents who participated in the council meetings for three (3) of (3) meeting minutes reviewed.Findings included:A review of the facility's policy titled, Complaint/Grievance, revised 10/24/22, revealed, Policy: The Center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and inform the resident of progress towards resolution. The resident should have reasonable expectations of care and services, and the center should address those expectations in a timely, reasonable, and consistent manner. Procedure. 4. The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days.A review of the facility's resident council minutes dated 4/24/25 revealed residents on the 200-hall reported seeing a lot of roaches in their rooms and hallways. On 5/22/25, council members asked if the facility had ordered new linen and requested that the dietary manager attend the May food committee meeting to discuss food complaints. On 7/24/25, council members invited the Administrator to discuss resident care, linen shortages, and dietary concerns. Residents also complained about roaches and gnats on the 100 and 200 halls.A review of the food committee meeting minutes dated 8/6/25 revealed complaints that the meat was tough and the food was too salty. On 7/2/25, the committee requested that bread and rolls be placed in baggies and not on the same plate with food to prevent sogginess. The residents were told to be patient because the kitchen was short staffed. On 6/5/25, the committee complained the rice was undercooked and the chicken was dry. On 4/3/25, residents voiced concerns that too much salt was being used on the meat.On 8/5/25 at 2:00 PM, the State Agency and Ombudsman attended the resident council meeting to discuss grievances. Residents complained about not having towels to bathe in or enough sheets to change their beds. Council members stated they could not understand why all complaints made during meetings were not recorded in the minutes. They also complained about roaches and gnats in their rooms. Residents reported that the food was not palatable, stating it did not taste good and lacked variety. One week, they were served Asian chicken one day, honey chicken the next, and sweet and sour chicken the following day. They complained that the processed turkey was watery and salty and requested real turkey. Residents reported that all food was served on one plate, causing issues such as barbecue on hamburger buns served with beets, resulting in buns saturated with beet juice, and hot dogs served with coleslaw on the same plate, resulting in buns saturated with coleslaw juice. Residents requested that vegetables be placed in separate bowls. They stated they had voiced complaints to the dietary manager and the Administrator, but nothing had changed. Council members stated when they shared concerns with the Administrator, he appeared defensive.On 8/7/25 at 10:15 AM, during an interview with the Social Services Director (SSD), she stated she attends all resident council meetings and records the minutes. She confirmed that residents had been complaining for several months about roaches, gnats, linen shortages, and the food not being appetizing or palatable. She stated she did not realize the same complaints needed to be documented each month because department heads were already aware of them. On 8/7/25 at 3:30 PM, during an interview with the Administrator, he stated he was aware of the complaints of the residents and that they had not been resolved, but he was unaware they were not being recorded monthly.Resident Council Members:Resident #23A record review of Resident #23's admission Record revealed the facility admitted the resident on 11/10/23 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.Resident #31A record review of Resident #31's admission Record revealed the (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	facility admitted the resident on 1/18/20 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/2/25 revealed a BIMS score was not completed.Resident #41A record review of Resident #41's admission Record revealed the facility admitted the resident on 3/26/10 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 5/5/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #44A record review of Resident #44's admission Record revealed the facility admitted the resident on 5/9/24 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the resident's Quarterly MDS with an ARD of 6/27/25 revealed a BIMS score of 14, which indicated the resident was cognitively intact.Resident #45 Record review of the admission Record revealed the resident was admitted on [DATE] with diagnoses that included congestive heart failure.Record review of the quarterly MDS with an ARD of 7/17/25 revealed a BIMS score of 09 indicating the resident had moderate cognitive impairment.Resident #62A record review of Resident #62's admission Record revealed the facility admitted the resident on 9/14/18 with diagnoses including Spinal Stenosis Lumbar Region with Neurogenic Claudication. A record review of the resident's Quarterly MDS with an ARD of 5/13/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #66A record review of Resident #66's admission Record revealed the facility admitted the resident on 7/9/25 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 8, which indicated the resident's cognition was moderately impaired.Resident #71A record review of Resident #71's admission Record revealed the facility admitted the resident on 1/2/25 with diagnoses including Hypertension. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #84A record review of Resident #84's admission Record revealed the facility admitted the resident on 7/18/20 with diagnoses including Osteoarthritis. A record review of the resident's Quarterly MDS with an ARD of 6/25/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #87 A record review of Resident #87 admission Record revealed the facility admitted the resident on 6/16/14 with diagnoses including Quadriplegia. A record review of the resident's Quarterly MDS with an ARD of 7/1/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #94A record review of Resident #94's admission Record revealed the facility admitted the resident on 3/5/2013 with diagnoses including heart disease. A record review of the resident's Quarterly MDS with an ARD of 7/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #104A record review of Resident #104's admission Record revealed the facility admitted the resident on 3/9/21 with diagnoses including Bilateral Osteoarthritis of the knee. A record review of the resident's Quarterly MDS with an ARD of 5/16/25 revealed a BIMS score of 11, which indicated the resident's cognition was moderately impaired.Resident #106A record review of Resident #106's admission Record revealed the facility admitted the resident on 5/8/25 with diagnoses including Hypertension. A record review of the resident's admission MDS with an ARD of 5/14/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #110A record review of Resident #110's admission Record revealed the facility admitted the resident on 9/26/22 with diagnoses including Cirrhosis of the Liver. A record review of the resident's Quarterly MDS with an ARD of 6/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interviews, record reviews, and the facility policy review the facility failed to notify a resident's representative in writing of the reason for the transfer/discharge to the hospital in a language they understand and notify the resident and/or resident's representative of the facility policy for bed hold, including reserve bed payment at the time of transfer for one (1) of two (2) residents reviewed for hospitalization. Resident #128Findings include:A review of the facility's policy Transfer/Discharge Notification & Right to Appeal with revision date of 10/24/2022 revealed . Notice Before Transfer: . the center must: Notify the resident and the resident representative (s) of the transfer or discharge and the reasons for the move in writing (in a language and manner they understand) .A record review of the admission Record revealed the facility admitted Resident #128 on 4/22/25 and readmitted the resident on 6/16/25 with diagnoses including Cerebral Infarction.A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/8/25 revealed Resident #128 was coded as unplanned with return anticipated and discharge to an acute hospital; a Discharge MDS with an ARD of 6/8/25 was coded as unplanned with return anticipated and discharge to an acute hospital; and a Discharge MDS with an ARD of 7/7/25 was coded as unplanned with return anticipated and discharge to an acute hospital.A record review of the General Progress Note for Resident #128 revealed that on 5/8/25, he was in respiratory distress and was sent to the local hospital and on 6/8/25 and 7/7/25, he was transferred to the emergency room for evaluation and treatment.A record review of the clinical record revealed there was no documentation that notification of bed hold letters or transfer letters were provided to the resident or the resident's representative (RR) prior to any of the discharges.On 8/6/25 at 12:56 PM, during an interview, the Director of Nursing (DON) stated she could not locate the hospitalization transfer or bed hold letters and did not believe they were completed for Resident #128 for 5/8/25, 6/8/25, or 7/7/25.On 8/6/25 at 3:30 PM, during an interview, a social services staff member confirmed that the hospitalization transfer or bed hold letters were not completed for Resident #128 when he was transferred out of the facility on 5/8/25, 6/8/5, or 7/7/25. On 8/7/25 at 4:01 PM, during an interview, the Administrator stated he expected social services staff to complete all transfer and bed hold letters for residents when they are transferred. He stated he expected all staff to follow the regulations and requirements for transfers.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities Based on observations, interviews, record reviews, and the facility policy review, the facility failed to refer and follow through with the appropriate state-designated authority for Level II Preadmission Screening and Resident Review (PASRR) evaluation and determination for one (1) of 27 sampled residents. Resident #8Findings include:A record review of facility policy Preadmission Screening and Resident Review (PASRR) with revised date of 11/08/21 revealed . The center will assure that all Serious Mentally Ill (SMI) and Intellectually Disabled (ID) residents received appropriate pre-admission screening according to Federal/State guidelines . Procedure: 1. It is the responsibility of the center to assess and assure that the appropriate preadmission screenings, either Level I or Level II, are conducted . 4. If it is learned after admission that a PASRR level 2 screening is indicated it will be the responsibility of social services coordinator and/or inform the appropriate agency to conduct the screening and obtain the results. A record review of Resident #8's admission Record revealed the facility admitted the resident on 05/19/2025 with diagnoses including Bipolar Disorder. A record review of Resident #8's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/28/2025 revealed she had a Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicated she was cognitively intact. Section I revealed a diagnosis of Bipolar with no diagnosis of Alzheimer's Disease or Dementia noted.A record review of the Pre-admission Screening (PAS) dated 05/13/2025, indicated Resident #8 had a diagnosis of Bipolar, that she takes or had a history of taking psychotropic medication(s), and under the PASRR Level II Categorical Determination Criteria the answer indicated that she did not have a diagnosis of Alzheimer's/Dementia.A record review of a notification from the Level II Evaluator/Contractor, dated 05/16/2025 revealed . PASRR Notice of Withdrawn PASRR Request or PASRR Cancellation . your screening request was withdrawn for the following reason: Requested information was not provided. Therefore, a PASRR determination could not be made. As a result, you will not be eligible for nursing facility services funded by Medicaid. Your application for nursing home care was withdrawn .A record review of the facility's matrix revealed . Resident #8 had a MD (Mental Disorder), ID (Intellectual Disability) or RC (Related Condition) and No PASARR Level II.On 08/06/2025 at 11:00 AM, during a phone interview with the contracted vendor #1, she explained Resident #8 did have a PAS sent 05/13/25 but the vendor requested more information from the facility to make a Level II determination. She confirmed the requested information was never received from the facility despite phone calls and voice mails made to the facility. She stated she left a voicemail specifically for Licensed Practical Nurse (LPN) #4 to return call, however there was no return call. Vendor #1 confirmed that a notification letter was sent to the facility stating the screening request was withdrawn due to the information requested not being sent. On 08/07/2025 at 9:49 AM, during an interview with LPN #4, she reported the admission Coordinator was off on vacation at the time of Resident #8's admission and the vendor did call her and ask for more information regarding resident's cognitive status and she notified the hospital, but no further information was provided, and the vendor informed her the screening was going to be withdrawn. When the admission Coordinator returned, this information was passed along to her.On 08/07/2025 at 12:00 PM, during an interview with admission Coordinator, she explained she was off during the time Resident#8 was admitted . She does not remember being informed regarding the issue with the Level II for Resident #8 and did not follow-up or follow through with it. She reviewed Resident #8's PAS and confirmed resident had a diagnosis of Bipolar and with that diagnosis a Level II determination would be required. On 08/07/2025 at 3:59 PM, during an interview with the Administrator he explained he expects an PASRR to be completed in a timely manner and to follow up on any concerns with a PASRR II.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, record review and facility policy review, the facility failed to implement care plan interventions related to keeping skin clean and dry and providing prompt care after each incontinent episode for one (1) of 27 care plans reviewed, Resident #31.Findings included:A review of the facility's policy, Plans of Care, with a revision date of 9/25/17 revealed, . An individual person-centered plan of care will be established by the interdisciplinary team (IDT) with the resident and/or resident representative(s) to the extent practicable and updated in accordance with state and federal regulatory requirements. Procedure.implement an individualized Person-Centered comprehensive plan of care.The individualized Person-Centered plan of care may include . services to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required by state and federal regulatory requirements.A record review of the Care Plan Report revealed Resident #31 had a Focus.High Risk for Impaired Skin Integrity R/T (related to) Bowel and Bladder Incontinence.Interventions included keeping skin clean and dry and providing prompt care after each incontinent episode.On 8/6/25 at 7:30 AM, during an interview and observation, Resident #31 stated he needed assistance being changed and was unsure when night shift staff had last entered his room. Certified Nurse Assistant (CNA) #5 was in the room and observed the resident's bed sheets were saturated with urine and he had feces on the blue incontinent pad. On 8/6/25 at 7:40 AM, during an interview with CNA #5, she explained Resident #31 was dependent on staff for incontinent care and he knew when he had an incontinent episode. She stated the resident sometimes used his urinal, but that staff was still required to check on him every two (2) hours. She confirmed the resident was care planned for incontinent care and for care to be provided promptly after each incontinent episode.On 8/7/25 at 2:22 PM, during an interview with the Director of Nursing (DON), she reported she expected all residents to be changed in a timely manner and that finding a resident soaked through to the bed linens was unacceptable. She stated she expected staff to follow care plans at all times to provide the care the resident required.On 8/7/25 at 3:38 PM, during an interview with Licensed Practical Nurse (LPN) #5, she reported the purpose of the care plan was to instruct staff on how to provide care for residents. She stated she expected all staff members to follow the care plan when providing resident care.A record review of the admission Record revealed the facility admitted Resident #31 on 3/1/24 with diagnoses including Cerebral Infarction.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed Resident #31 was frequently incontinent of bowel and bladder.A record review of the Brief Interview for Mental Status (BIMS) assessment completed on 7/7/25 revealed Resident #31 was cognitively intact.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to provide appropriate incontinence care for a resident dependent upon staff for activities of daily living (ADL) to maintain the resident's comfort for one (1) of seven (7) residents reviewed for ADL care, Resident #31. Findings included:During an interview and observation on 8/6/25 at 7:30 AM, Resident #31 was lying in bed. He stated that he needed to be changed, and he was unsure when the night shift had last entered his room during the night. Certified Nurse Aide (CNA) #5 confirmed Resident #31's bed linens were saturated with urine, and he had feces on the incontinence pad on his bed. During an interview on 8/06/25 at 7:40 AM, CNA #5, she explained Resident #31 was dependent on staff for incontinent care and is aware when he has had an incontinent episode. She confirmed Resident #31 requires assistance for incontinence care and is dependent upon staff. CNA #5 stated that she does not always complete incontinent end of shift rounding with the off going shift. She reported that Resident #31 has complained about not being changed during the night and there have been times that he was saturated when she came on shift. During an interview on 8/06/25 at 10:30 AM, Licensed Practical Nurse (LPN) #2 explained she has had received numerous complaints from day shift CNAs and residents, including Resident #31 of being left soiled for long periods of time especially from the night shift. She reported Resident #31 had complained about being soiled completely through his brief to the bed linens and she had asked CNAs to do rounds before leaving and the night nurses to stay to ensure rounds were completed. Resident #31 is cognitively intact but requires staff for incontinent care. During an interview with the Director of Nursing (DON) on 8/7/25 at 2:22 PM, she stated she was not aware of problems with night shift CNAs leaving residents soiled for long periods of time but stated she would follow through with staff. She stated she expected all residents to be changed in a timely manner and that finding a resident saturated through to the bed linens was unacceptable. A record review of the admission Record revealed the facility admitted Resident #31 on 3/1/24 with diagnoses including Cerebral Infarction.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed Resident #31 was frequently incontinent of bowel and bladder. A review of Section E revealed he did not exhibit the behavior of rejecting care and Section GG revealed he had impairment to both lower extremities and required extensive maximal assistance with toileting, A record review of the Brief Interview for Mental Status (BIMS) assessment completed on 7/7/25 revealed Resident #31 was cognitively intact.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. The facility's Quality Assurance and Performance Improvement (QAPI) Committee failed to ensure the program was sustained during transitions in leadership and failed to maintain implemented procedures and monitor the interventions the committee put into place on November 15, 2023. The deficiencies were in the areas of unresolved grievances, transfers/discharges, Preadmission Screening and Resident Review (PASSR), Care Plans, Activities of Daily Living (ADLs) and Kitchen. The facility's continued failure during two federal surveys shows a pattern of the facility's inability to sustain an effective Quality Assurance Performance Improvement (QAPI) Committee. This was for six (6) recited deficiency originally cited November 15, 2023, on an annual recertification survey out of (17) deficiencies currently cited.Findings Include:Record Review of the facility's, Quality Assessment and Performance Improvement Program revised 10/24/2022, revealed, .The facility will implement and maintain a Quality Assessment and Performance Improvement program .The Quality Assurance and Performance Improvement (QAPI) committee will implement a process that is ongoing, multi-level, and facility wide that encompasses managerial, administrative, clinical, ancillary, and environmental services.The primary purpose of the committee is to identify and analyze actual or potential quality issues, develop and implement appropriate plans to improve performance, to address identified quality issues and monitor the effectiveness of implemented changes.F565: Based on interview, record review, and facility policy review, the facility failed to ensure the Resident Council grievances were addressed for multiple complaints voiced over several months, including concerns with pest control, linen shortages, and food quality, for multiple residents who participated in the council meetings for three (3) of three (3) meeting minutes reviewed.F628: Based on interviews, record reviews, and the facility policy review the facility failed to notify a resident's representative in writing of the reason for the transfer/discharge to the hospital in a language they understand and notify the resident and/or resident's representative of the facility policy for bed hold, including reserve bed payment at the time of transfer for one (1) of two (2) residents reviewed for hospitalization. Resident #128. This citation was previously cited on 11/25/23 as F623 and F625 and has been updated by the Centers for Medicare and Medicaid Services (CMS) and currently cited as F628.F645: Based on observations, interviews, record reviews, and the facility policy review, the facility failed to refer and follow through with the appropriate state-designated authority for Level II Preadmission Screening and Resident Review (PASRR) evaluation and determination for one (1) of 27 sampled residents. Resident #8F656: Based on observation, interview, and record review, the facility failed to implement care plan interventions related to keeping skin clean and dry and providing prompt care after each incontinent episode for one (1) of 27 care plans reviewed, Resident #31. F677: Based on observation, interview, and record review, the facility failed to provide appropriate incontinence care for a resident dependent upon staff for activities of daily living (ADL) to maintain the resident's comfort for one (1) of seven (7) residents reviewed for ADL care, Resident #31F812: Based on observation and interview, the facility failed to store, label, and maintain food in a sanitary manner to prevent contamination and ensure resident safety for one (1) of one (1) kitchen observations.During an interview with the Director of Nursing (DON) on 8/7/25 at 3:20 PM, she said she has not reviewed the CMS-2567 (a record that identifies the federal regulation in violation and describes the findings of noncompliance and the facility's plan of correction). She did not know the residents were complaining about roaches and gnats. The DON confirmed the facility needs more linen to meet the residents. The DON said the residents have not complained to her about the food. She has only been in this position for two months.During an interview with the Administrator on 8/7/25 at 5:30 PM, he stated he is aware of the past citations and the facility's plans of correction. He was not working for the company at the time of recertification survey in November 2023. The Administrator confirmed the committee has not continued the prior plans of corrections or concerns to the monthly QAPI meetings. He commented (continued on next page)

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that going forward he was going to have to take these concerns back to the QAPI committee again to develop action plans and audit the areas of concern.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on record reviews, observations, and interviews, the facility failed to honor a resident's documented meal preferences for one (1) of 27 sampled residents (Resident #84). Specifically, the facility failed to provide meals in accordance with Resident #84's documented food preferences and dietary restrictions. Findings Include: Record review of the facility policy Resident Rights revealed .The resident has a right to a dignified existence, self-determination .33. The resident has a right to reasonable accommodation of individual needs and preferences .A review of the facility's Resident Food Preferences policy, revised July 2017, revealed Policy Statement- Individual food preferences will be assess upon admission and communicated to the interdisciplinary team.3. Nursing staff will document the resident's food and eating preferences.On August 4, 2025, at 10:41 AM, Resident #84 stated that due to the food choices available, she was only able to receive oatmeal and boiled eggs. She explained that since the start of new management, the cycle of food choices has not improved. She stated that she had discussed her concerns with the Dietary Director and that her daughter brought her refrigerator food weekly to ensure she had food she could eat.On August 5, 2025, at 1:57 PM, the Dietary Manager stated he believed his staff was capable of reading and honoring resident meal preference tickets. He reported that he had been in his position for approximately three months.On August 6, 2025, at 12:35 PM, the State Agent observed Resident #84's lunch tray and corresponding meal preference ticket. The meal included baked chicken (leg and thigh), navy beans and rice, chocolate ice cream, and two glasses of water. The resident's meal preference ticket included directives for lactose-free meals, a preference for chicken breast, and restrictions excluding milk and dairy products.Resident #84 shared photographs with the State Agency of meals trays from past months showing where her documented preferences had not been honored. On August 7, 2025, at 4:46 PM, the Director of Nursing stated her expectation was that dietary staff honor resident meal preferences and check food storage daily.On August 7, 2025, at 5:05 PM, the Administrator stated his expectation was that the dietary department honor resident preferences and review meal tickets.A review of the resident's admission Record revealed the facility admitted Resident #84 on July 18, 2000, with diagnoses of primary osteoarthritis, other specified site; unspecified cirrhosis of liver; celiac disease; and unspecified anemia.A review of the Order Summary Report with active orders as of 8/4/25 revealed a physician's order dated 6/28/22 for Diet-Regular diet- Regular texture, Thin consistency.Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD of 6/25/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, record review and facility policy review, the facility failed to ensure a safe, clean, and homelike environment for residents on four (4) of (4) days of the survey, as evidenced by limited pest control access to resident rooms, and a lack of clean bath towels available for resident care.Findings include: Review of the facility policy titled, Pest control dated 11/3/2014, revealed, Policy: The facility will maintain a pest control program, which includes inspection, reporting, and prevention. 1. A pest control contract will be maintained with licensed exterminator. 2. The contract will include routine quarterly inspections. 3. Treatment will be rendered as required to control insects and vermin. Any unusual occurrence or sighting of insects should be reported immediately to the supervisor . Proper action will be taken.On August 4, 2025, at 10:52 AM, Resident #46 stated that gnats in the building had bitten him, causing bumps on his head. He denied hoarding food. There were no gnats observed in his room at that time.On August 4, 2025, at 11:26 AM, Resident #110 reported roaches and gnats in her room, stating that roaches appeared at night and made her feel like she was living with roaches in their house. The State Agency observed clutter and boxes in her room. On August 4, 2025, at 2:27 PM, Resident #94 stated that during bath times, staff sometimes wipe residents with wet wipes due to towel shortages.On August 5, 2025, at 2:00 PM, during a Resident Council meeting attended by the State Agency and Ombudsman, residents complained about inadequate towels and bed linens, as well as roaches and gnats in rooms. On August 5, 2025, at 2:58 PM, Linen closet inspections revealed low inventory: The 200 Hall linen closet contained five bath towels, ten flat sheets, ten fitted sheets, several pads, and no face towels, with a census of 51 residents. The 100 Hall linen closet contained ten bath towels, no face towels, and eight flat and eight fitted sheets, with a census of 54 residents.On August 5, at 3:17 PM, the pest control technician stated that he visits the facility monthly and follows the person assigned by the facility, usually the Maintenance Director. He reported that he typically sprays only common areas and does not enter resident rooms unless requested. He explained that untreated areas in resident rooms can lead to roaches migrating from common areas and that the chemicals used by the facility are ineffective against gnats. He stated that he had not been informed that the facility was experiencing gnat problems.On August 6, 2025, at 8:00 AM, the 200 Hall linen closet contained six bath towels, four face cloths, and ten flat and fitted sheets; the 100 Hall closet contained 20 bath towels, no face cloths, and no sheets.On August 6, 2025, at 9:31 AM, CNA #1 confirmed there were not enough linens to meet resident care needs and stated that staff sometimes hoard towels and linens to ensure availability. On August 6,2025, at 9:37 AM, CNA #2 confirmed hoarding linens' due to shortages and stated that care is sometimes delayed until laundry is completed.On August 6, 2025, at 10:09 AM, Certified Nursing Assistant (CNA #4) confirmed that towels and linens run low daily and stated that when towels are unavailable, staff use wipes to clean and bathe residents.On August 6, 2025, at 10:17 AM, an interview with Licensed Practical Nurse (LPN) #2, Unit Manager, revealed that a shortage of bath towels occurred daily. She stated that staff must wait for laundry to be completed before they can resume bathing residents and must wait until the linen closet is restocked. On August 6, 2025, at 12:05 PM, a housekeeping/maintenance staff member confirmed a persistent towel shortage and stated that the Administrator had not ordered additional stock. She reported that laundry is collected three times daily, with laundry operations ending at 11:00 PM after the overnight shift was eliminated due to budget cuts. She further stated that some Certified Nursing Assistants discard extremely soiled towels. The State Agency observed three washers and two working dryers in the laundry room and noted only three laundry staff on duty.On August 7, 2025, at 1:06 PM, the Maintenance Director stated that visits from the pest control provider had increased but roaches and gnats persisted. He explained that pest control staff do not spray in resident rooms unless a resident requests treatment, and that they do not spray for gnats.On August 7, 2025, at 2:00 PM, the Maintenance Director (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confirmed receiving resident complaints about roaches and gnats and stated that pest control only treats common areas. He explained that a previous provider had used a drain gel effective against gnats, but the current provider does not. He confirmed an inadequate linen supply, noting that laundry workers wash items as quickly as possible but that some staff may discard soiled linens. He also reported that budget restrictions limit the amount of linen purchased.In an interview on August 7, 2025, at 3:20 PM, the Director of Nursing (DON) she said she did not know the residents were complaining about roaches and gnats. The DON confirmed the facility needs more linen to meet the residents. The DON said that she has only been in this position for two months.In an interview on August 7, 2025, at 3:30 PM, with the Administrator confirmed he had seen dead roaches in the facility. The Administrator said pest control comes monthly. He did not know the technician was not going in the residents' rooms. He did not know the chemical does not work for gnats. The Administrator said going forward he's going to have the pest control treat the residents' rooms and use the correct chemicals to get rid of the gnats. The Administrator confirmed a small amount of linen was ordered, which is not enough to meet the residents' needs. The facility is going to educate and monitor the linen to make sure the staff does not throw it in the garbage.Resident Council minutes dated April 24, 2025, reflected resident complaints of roaches in rooms and hallways. Resident Council minutes dated May 22, 2025, documented resident questions about whether the facility had ordered new linen.Resident #46Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.Resident #94A record review of the resident's Quarterly MDS with an ARD of 7/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #110A record review of the resident's Quarterly MDS with an ARD of 6/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, interviews, and facility policy review the facility failed to ensure a resident was free from physical restraints without first completing an assessment, documentation of a medical symptom, physician orders, or monitoring, as evidenced by the resident was placed in a reclined Geri-chair, which restricted his freedom of movement for one (1) of 27 sampled residents. (Resident #114)Findings include:A review of the facility's policy and procedure Physical Restraints with a revision date of 11/06/2020 revealed Procedure: A restraint evaluation will be performed by nursing. to indicate the need. The nurse will obtain a physician's order for the restraint. This order will include the medical reason for the restraint .A review of the facility's Residents' Rights policy revealed, . 27. The resident has a right to be free from physical restraints imposed.On August 4, 2025, at 11:16 AM, the State Agency observed Resident #114 seated in a Geri-chair in the hallway. The chair was reclined back, and the resident complained of back pain, stating he wanted to sit up. The resident was observed attempting to get out of the chair. During an interview, at 11:50 AM on August 4, 2025, Certified Nursing Assistant (CNA)#3 stated that the resident frequently attempts to get out of bed, and he was placed in a Geri-chair in the hallway so staff could monitor him.On August 7, 2025, at 11:45 AM, Registered Nurse (RN)#1 stated during an interview, that a resident must have either a physician's order or an assessment to be placed in a Geri-chair and that the facility maintains a no-restraint policy. RN#1 reviewed the resident's electronic chart and confirmed there was no physician's order or assessment supporting the use of a Geri-chair. She further stated that there is no instance in which a Geri-chair is used without an order or assessment.During an interview at 12:42 PM, on August 7, 2025, CNA#3 stated that Certified Nursing Aides are instructed by nursing staff to place the resident in a Geri-chair. She stated this is a common practice and that nurses routinely direct staff to use the Geri-chair when the resident attempts to get out of bed. CNA#3 was unfamiliar with the facility's restraint policy.At 12:43 PM, Licensed Practical Nurse (LPN#3) stated during an interview, that hospice had provided the Geri-chair for the resident. LPN#3 reviewed the hospice chart but did not find a physician's order or an assessment supporting its use. She explained that the resident has poor trunk control, which is why the Geri-chair was being used. During an interview on August 7, 2025, at 4:14 PM, the Director of Clinical Services stated her expectation that hospice obtain physician orders for justification of a Geri-chair and indicated that she planned to have therapy complete an assessment for the resident.On August 7, 2025, at 5:13 PM, the Administrator stated in an interview, that his expectation is for nursing staff to obtain orders, assess the resident to determine the need for a Geri-chair, document its use in the care plan, contact the family, and notify the physician.A review of hospice records revealed a physician's order for the Geri-chair dated August 7, 2025, at 1:10 PM.Record review of the admission Record revealed the resident was admitted on [DATE], with diagnoses that included cerebral infarction due to unspecified occlusion or stenosis of an unspecified cerebral artery.Record review of the resident's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of May 16, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, and record review, the facility failed to revise the care plan to address the resident's visual impairment needs after his glasses were broken for one (1) of (27) care plans reviewed, Resident #86. Findings include:A record review of the Care Plan Report with a date initiated 4/8/24 revealed Focus: At risk for injury r/t (related to) visual impairment. (Proper name of Resident) wears glasses.Interventions/Task.Make sure glasses are fitted properly, clean, and of adequate strength. Ophthalmologists consult PRN (as needed) . On 8/4/25 at 3:55 PM, during an observation, Resident #86 was lying in bed and was not wearing any glasses. He stated he had poor vision he did not know where his glasses were.On 8/6/25 at 12:04 PM, during an interview, Certified Nurse Aide (CNA) #1 stated Resident #86's glasses broke on 7/28/25. On 8/7/25 at 4:36 PM, during an interview, Licensed Practical Nurse (LPN) #5 stated she was not aware that Resident #86's glasses were broken. She stated the care plan should have been revised to reflect the resident's broken glasses and she would have updated the care plan if she had known.A record review of the admission Record revealed the facility admitted Resident #86 on 8/14/24 with diagnoses including Muscle Wasting and Atrophy.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed a Brief Interview for Mental Status (BIMS) score was not entered which indicated the resident did not complete the interview. Section B revealed the resident was vision impaired and required corrective lenses.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on record reviews, interviews and facility policy review, the facility failed to ensure services were provided in accordance with professional standards of practice as evidenced by a nurse who did not enter a Physician's Order for a resident transfer/discharge for one (1) of (27) sampled residents (Resident #93). Findings include: A review of the facility's policy, Policies and Procedures: Physician orders Effective Date 11/30/2014.Policy: The center will ensure that Physician orders are appropriately and timely documented in the medical record.Routine Orders: A Nurse may accept a telephone from the Physician.The order is transcribed to all appropriate areas of the electronic health record. A review of the clinical record revealed there was no Physician's Order obtained to transfer or discharge Resident #93 to the hospital on 7/4/2025. On 8/6/2025 at 12:12 PM, during an interview with the Director of Nursing (DON), she acknowledged the facility discharged Resident #93 to a local hospital without obtaining or entering a physician's order into the resident's medical record. The DON stated she recognized the importance of documenting and confirmed that moving forward, all verbal orders will be entered into the electronic health record. On 8/6/2025 at 2:18 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated that on 7/4/2025 she contacted the facility's Nurse Practitioner (NP) and informed her of the family's request for the resident to be sent to the hospital. The NP then ordered for the resident to be sent to the hospital. On 8/6/2025 at 2:26 PM, during an interview, LPN #2 acknowledged she was responsible for entering the physician's orders into the system but had forgotten to do so for Resident #93. She stated she would slow down in the future and ensure orders are entered promptly. On 08/07/2025 at 11:18 AM, in a follow up interview, the DON revealed the process for accepting a verbal order is to receive the order and put in the electronic health record immediately. The DON reported that if a resident is sent to the emergency room the orders are to be put in the electronic health record within 24 hours. The DON confirmed that LPN #2 forgot to transcribe the orders and the Medical Records department is responsible for monitoring the input of orders. A record review of the admission Record revealed the facility admitted Resident #93 on 12/31/2024 with diagnoses including Chronic obstructive pulmonary disease (COPD). A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/4/2025 revealed Resident #93 was had an unplanned discharged with a return anticipated to a short-term general hospital.

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. Based on observation, interviews, and facility policy review, the facility failed to ensure residents had access to independent leisure activities during all hours, including evenings and weekends, when activity staff were not present, as evidenced by activity carts not being available for residents, for one (1) of four (4) days of survey.Findings included:A review of the facility's policy titled, Community Life Overview, effective date 11/1/21, revealed, Overview: Community Life programming can enhance quality of life for residents. Community Life programs are designed and adapted to be person-appropriate and to promote self-esteem, pleasure, comfort, education, creativity, success, and independence.On 8/5/25 at 2:00 PM, during a resident council meeting in the large dining room, residents reported that activity carts had been removed from the dining rooms without explanation. They stated they enjoyed playing games after the activity department closed and that weekends offered limited activity options, so they played cards and games. An observation of the dining room revealed no activity cart was present.On 8/5/25 at 2:35 PM, an observation of the smaller dining room on the 300 hall revealed no activity cart was present.On 8/7/25 at 12:00 PM, during an interview with the Activities Director, she stated she was instructed by the Administrator last week to remove the games from the two dining rooms. She stated she was not told why or whether it would be permanent. She reported that she told the Administrator the activity carts needed to remain to allow residents independent activities in the evenings after she left for the day, but the carts were removed.On 8/7/25 at 12:30 PM, during an interview with the Administrator, he acknowledged the games had been removed from the dining rooms on 8/4/25, leaving residents without access to activities when activity staff left for the day at 4:30 PM. He stated he was instructed to remove clutter from the dining rooms. He reported that residents still had access to the games if they asked activity staff before 4:30 PM or nursing staff afterward but confirmed he did not know if nursing staff had access to the activities office.On 8/7/25 at 1:10 PM, during an interview the Administrator stated the games had been returned to the dining rooms and confirmed that nursing staff did not have access to the activities office as he had previously thought.

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on observation, interview, record review and facility policy review, the facility failed to ensure the resident received proper treatment and assistive devices to maintain vision for one (1) of two (2) residents reviewed for Vision/Hearing. (Resident #86)Findings include:A review of the facility's policy titled Medical Consultation, revised 8/24/17, revealed, The members of the medical staff will request a medical consultation when appropriate .On 8/4/25 at 3:55 PM, during an observation, Resident #86 was lying in bed and calling out for help. The resident was observed searching for the call light and stated he could not see it. He stated he had poor vision and had asked staff to make an eye appointment, but he did not know where his glasses were.On 8/6/25 at 12:04 PM, during an interview, Certified Nurse Aide (CNA) #1 stated the resident's glasses broke on 7/28/25. He acknowledged that he had not informed anyone. He stated that when he returned to work the next day, the glasses were gone, and he thought another staff member may have turned them into the nurses. He confirmed the resident had poor vision.On 8/6/25 at 12:14 PM, during an interview, the Director of Nursing (DON) stated she had reported the broken glasses to the Social Worker and had requested that an eye appointment be scheduled.On 8/6/25 at 12:17 PM, during an interview, the Social Worker confirmed he received the broken glasses on 7/31/25. He stated he thought he had spoken to the scheduler to set up an appointment, but he had forgotten to do so. He stated the resident needed his glasses.On 8/7/25 at 5:00 PM, during an interview, the Administrator stated he expected the staff to make appointments to get residents' glasses fixed in a timely manner and stated this should have been discussed in morning meetings.A record review of the admission Record revealed the facility admitted Resident #86 on 8/14/24 with diagnoses including Muscle Wasting and Atrophy.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed a Brief Interview for Mental Status (BIMS) score was not entered which indicated the resident did not complete the interview. Section B revealed the resident was vision impaired and required corrective lenses.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interviews, record review, and facility policy review, the facility failed to ensure that new physician orders were entered into the electronic medical record and administered upon a resident's return from the hospital, which resulted in Resident #110 not receiving an ordered anticoagulant medication (Xarelto) for (14) consecutive days after discharge from the hospital for one (1) of six (6) residents observed for medication administration.Findings include:A review of the facility's policy, Physician Orders, with a revision date of 3/3/21, revealed, . The center will ensure that Physician orders are appropriately and timely documented in the medical record. Procedure: admission Orders: Information received from the referring facility or agency to be reviewed, verified with the physician and transcribed to the electronic record.On 8/4/25 at 11:22 AM, during an interview, Resident #110 explained that after being discharged from the hospital with an order for a blood thinner to prevent blood clots, the facility failed to start the medication for two (2) weeks. She stated the medication was ordered after surgery but was not administered until 4/17/25. She confirmed she had no complications from not taking the medication during that time.On 8/7/25 at 11:10 AM, during an interview with the Director of Nursing (DON), she explained that when a resident returns from the hospital, orders are sent in advance and uploaded into the system by the admission coordinator. The nurse is then responsible for entering the orders into the system, checking them off, and noting them. She stated there is a backup pharmacy for medications not in the automated dispensing system. She reviewed Resident #110's hospital discharge orders dated 4/4/25 and confirmed the resident returned with a new order for Xarelto. She verified the order was uploaded into the system on 4/4/25 but not entered as an active order until 4/17/25. She stated she was unsure what happened and had not been made aware of the incident until now.On 8/7/25 at 12:02 PM, during an interview with the admission Coordinator, she stated she uploads hospital discharge orders on the day the resident returns, before arrival, and that the nurses then enter the orders into the system. She confirmed the orders for Xarelto for Resident #110 were uploaded on 4/4/25 and accessible to nursing staff that day.On 8/7/25 at 12:26 PM, during an interview with Licensed Practical Nurse (LPN) #2, she stated she first learned about the missed Xarelto order on 4/17/25 when Resident #110 told her she had not been receiving her blood thinner since returning from the hospital on 4/4/25. LPN #2 reviewed the discharge orders and confirmed the Xarelto starter pack was not entered into the system. She noted that LPN #6 had documented no new orders on 4/4/25. LPN #2 stated she contacted the hospital nurse, who notified the discharging physician, and was instructed to notify the facility's Advanced Registered Nurse Practitioner (ARNP). After notifying the ARNP, new orders were received to start Xarelto, obtain bloodwork, and continue with hematology follow-up.On 8/7/25 at 2:45 PM, during an interview with the ARNP, she confirmed she was notified on 4/17/25 that Resident #110 had not been receiving the ordered Xarelto for two (2) weeks. She stated she immediately ordered labs and weekly bloodwork. The ARNP confirmed the resident had a diagnosis of deep vein thrombosis (DVT) and she expects all new medication to be processed and administered as ordered. On 8/7/25 at 3:30 PM, during a follow-up interview, the DON confirmed the missed medication was a significant medication error and the nursing staff should have made her aware of the situation. She stated she expects all nurses to note all orders upon a resident's return from any hospital stay or medical appointment.A record review of Resident #110's admission Record revealed the facility admitted the resident on 11/11/23 and she had current diagnoses including Cirrhosis of Liver.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/25 revealed Resident #110 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.A record review of the Patient Discharge Instructions dated 3/27/25 revealed Resident #110 had a medication list with a new medication of Xarelto starter pack 15-20 mg oral tablet. A record review of the Resident #110's Progress Notes dated 4/4/25 and authored by LPN #6, revealed . Resident returned back to facility . no new orders.A record review of the ARNP's Office Visit note (continued on next page)

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Coastal Health and Rehabilitation Center	1530 Broad Ave Gulfport, MS 39501

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dated 4/17/25 revealed documentation that a new order for Xarelto was discovered during a follow-up visit and initiated at that time.A record review of the Order Listing Report revealed the Xarelto order was entered on 4/17/25, fourteen (14) days after the resident's hospital discharge.A record review of the Medication Administration Record (MAR) for April 2025 revealed no administration of Xarelto occurred until 4/17/25.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review, the facility failed to ensure meals were prepared and served to be visually appealing and palatable, as evidenced by, buns were served saturated with beet or coleslaw juice, vegetables were not served separately from bread items causing texture changes, and residents received watery and overly salty processed turkey for (14) of (14) residents reviewed for food quality. Resident #23, Resident #31, Resident #41, Resident #44, Resident #45, Resident #62, Resident #66, Resident #71, Resident #84, Resident #87, Resident #94, Resident #104, Resident #106 and Resident #110.Findings Include:Review of the facility policy titled, Quality and Palatability undated, revealed, .Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs. 1. The Dining Service Director and Cook(s) are responsible for food preparation. Menu items are prepared according to the menu, production guidelines, and standardized recipes.4. The Cook(s) prepare food in accordance with the recipes, and season for region and or ethnic preferences, as appropriate. Cooks use proper cooking techniques to ensure color and flavor retention.5. Hot liquids, foods or bread beverages will be served in a container (mugs, cups, and bowls) that will minimize the potential for spillage.Review of the facility's council minutes revealed the members also ask the dietary manager to attend the food committee meeting for May to discuss the food complaints. Review of the food committee meeting minutes dated 8/6/25 revealed the Committee complained the meat was tough and food too salty. On 7/2/25 the committee ask for bread and rolls to be placed in baggie's and not on the same plate with food to keep their bread from being soggy. The residents were asked to be patient because the kitchen is short of staff at this time. On 6/5/25 the committee complained about the rice being under cooked and chicken was dry. On 4/3/25 the food committee meeting voiced complaints of too much salt on the residents' meat.Observation on 08/05/2025 at 12:36 PM, the State Agency (SA) observed a test tray which revealed all the food was placed on one plate. The juice and English peas were mixed with the mashed potatoes and turkey on one plate. On 08/05/2025 at 2:00 PM, the SA and Ombudsmen were invited to the residents' council meeting to discuss grievances. The residents revealed the food is not palatable. The food does not taste good. They eat the same food all the time. One week they had Asian chicken one day, honey chicken the next day and sweet and sour chicken the next day. The have complained about the processed turkey is watery and salty. They want real turkey. The residents explained all the food is placed on one plate. The residents stated they were served barbecue on hamburger buns with beets on the same plate. The buns were saturated with beet juice. The resident was also served hot dogs with coleslaw on the same plate. The buns were saturated with coleslaw juice. The residents said they have asked that the vegetables be placed in separate bowls. The residents stated they have expressed their complaints to the dietary manager and the Administrator, but nothing has changed. The Council members said when they explained their concerns to the Administrator, appeared defensive. On 08/06/25 at 12:10 PM, the SA observed Resident #45 eating lunch in her room. The resident had a sausage dog with coleslaw on the same plate. The juice from the coleslaw caused the bun to be soggy. The resident said she was just going to eat the meat because the bun was soggy.During an interview on 8/7/25 at 10:15 AM, with the Activity Director, she explained that she attends all the resident council meetings to record the minutes. The Director confirmed the residents have been complaining for several months about the food not being appetizing or palliative. The grievances were given to the department heads. In-services were done but the complaints were never resolved.During an interview on 08/07/2025 at 11:00 AM, with Dietary #1 confirmed all the food is placed on one plate. The Dietary manager said the vegetables should be placed in a bowl. He has not had time to train Dietary #2. Dietary #2 has only been working for the facility for a couple of weeks. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dietary #1 said Dietary #2 was hired because he had a lot of cooking experience. He did not think he needed much training.During an interview on 08/07/2025 at 11:19 AM, with Dietary #2 the night cook confirmed he places all the food on one plate. Dietary #2 stated he was not taught to put the vegetables in a separate bowl. Dietary #2 said he understands that the buns would get soggy and not taste good. Dietary #2 confirmed he fixed the barbecue sandwiches and beets on the same plate for dinner. He also confirmed he placed the sausage dogs on the same plate with the coleslaw. Dietary #2 said he did not know if the facility had small bowls that he could put the vegetables in, but he would ask.During an interview on 8/7/25 at 3:20 PM, the DON explained the residents have not complained to her about the food. She has only been in this position for two months.During an interview on 8/7/25 at 3:30 PM, the Administrator explained the dietary department has new employees that have not been trained appropriately. The Administrator said he's going to invest in education on how to cook meals to be appetizing and palliative.Resident council Members:Resident #23A record review of Resident #23's admission Record revealed the facility admitted the resident on 11/10/23 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.Resident #31A record review of Resident #31's admission Record revealed the facility admitted the resident on 1/18/20 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/2/25 revealed a BIMS score was not completed.Resident #41A record review of Resident #41's admission Record revealed the facility admitted the resident on 3/26/10 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 5/5/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #44A record review of Resident #44's admission Record revealed the facility admitted the resident on 5/9/24 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of the resident's Quarterly MDS with an ARD of 6/27/25 revealed a BIMS score of 14, which indicated the resident was cognitively intact.Resident #45 Record review of the admission Record revealed the resident was admitted on [DATE] with diagnoses that included congestive heart failure.Record review of the quarterly MDS with an ARD of 7/17/25 revealed a BIMS score of 09 indicating the resident had moderate cognitive impairment.Resident #62A record review of Resident #62's admission Record revealed the facility admitted the resident on 9/14/18 with diagnoses including Spinal Stenosis Lumbar Region with Neurogenic Claudication. A record review of the resident's Quarterly MDS with an ARD of 5/13/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #66A record review of Resident #66's admission Record revealed the facility admitted the resident on 7/9/25 with diagnoses including Type 2 Diabetes Mellitus without complications. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 8, which indicated the resident's cognition was moderately impaired.Resident #71A record review of Resident #71's admission Record revealed the facility admitted the resident on 1/2/25 with diagnoses including Hypertension. A record review of the resident's Quarterly MDS with an ARD of 7/15/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #84A record review of Resident #84's admission Record revealed the facility admitted the resident on 7/18/20 with diagnoses including Osteoarthritis. A record review of the resident's Quarterly MDS with an ARD of 6/25/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #87 A record review of Resident #87's admission Record revealed the facility admitted the resident on 6/16/14 with diagnoses including Quadriplegia. A record review of the resident's Quarterly MDS with an ARD of 7/1/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #94A record review of Resident #94's admission Record revealed the facility admitted the resident on 3/5/2013 with diagnoses including heart disease. A record review of the resident's Quarterly MDS with an ARD of 7/23/25 revealed a BIMS score of 15, which indicated the resident was (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cognitively intact.Resident #104A record review of Resident #104's admission Record revealed the facility admitted the resident on 3/9/21 with diagnoses including Bilateral Osteoarthritis of the knee. A record review of the resident's Quarterly MDS with an ARD of 5/16/25 revealed a BIMS score of 11, which indicated the resident's cognition was moderately impaired.Resident #106A record review of Resident #106's admission Record revealed the facility admitted the resident on 5/8/25 with diagnoses including Hypertension. A record review of the resident's admission MDS with an ARD of 5/14/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.Resident #110A record review of Resident #110's admission Record revealed the facility admitted the resident on 9/26/22 with diagnoses including Cirrhosis of the Liver. A record review of the resident's Quarterly MDS with an ARD of 6/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review the facility failed to maintain an effective pest control program to prevent and control insects when pest control services were limited to common areas, resident rooms with reported pest activity were not routinely treated, and gnat infestations were not addressed with appropriate treatment to prevent or eradicate pest for (13) of (14) residents interviewed during the resident council meeting. Residents #23, #31, #41, #44, #62, #66, #71, #84, #87, #94, #104, #106, #110.Findings include:Review of the facility policy titled, Pest control dated 11/3/2014, revealed, Policy: The facility will maintain a pest control program, which includes inspection, reporting, and prevention. 1. A pest control contract will be maintained with licensed exterminator. 2. The contract will include routine quarterly inspections. 3. Treatment will be rendered as required to control insects and vermin. Any unusual occurrence or sighting of insects should be reported immediately to the supervisor . Proper action will be taken.Review of the facility's council minutes dated 4/24/25 revealed the residents on the 200-hall stated that they have seen a lot of roaches in their rooms and hallways. The residents also complained about the roaches and gnats on the one hundred and two hundred halls.On 08/05/2025 at 2:00 PM, the SA and Ombudsmen were invited to the residents' council meeting to discuss grievances. The members complained about the roaches and gnats in their rooms. The Council members said when they explained their concerns to the Administrator, he appeared defensive.During an interview on 08/05/2025 at 3:17 PM, with the Pest Control Technician explained that he comes once a month and if the facility needs extra treatment. The Pest Control Technician said he follows the person that the facility assigns him to follow, normally it's the Maintenance Director. The Technician said he normally sprays the common areas. The facility employees do not normally take him to the residents' rooms. The Technician said he sprayed a couple of residents rooms when the residents ask during his tour. The Technician explained the roaches will go to the residents' rooms from the commons area because those areas are not treated. The Technician explained that the chemicals that he uses for the facility do not work for gnats. The facility will have to order another chemical to treat the gnats. The facility did not let him know they were having problems with gnats.During an interview on 8/7/25 at 10:15 AM, with the Activity Director, she explained that she attends all the resident council meetings to record the minutes. The Director confirmed the residents have been complaining for several months about the roaches and gnats. The grievances were given to the department heads. In-services were done but the complaints were never resolved.During an interview on 8/7/25 at 2:00 PM, with the Maintenance Director he stated he is the supervisor for maintenance, laundry and housekeeping. The Maintenance Director confirmed the residents had complained about the roach's and gnats. The Director said he has called the pest control out several times. The director confirmed that the pest control people do not go into the residents' rooms. They only treat the common areas. The Director said the facility was using another company that provided a drain gel that assists with the gnats. The company that they use now does not have a gel drain. During an interview on 8/7/25 at 3:20 PM, the Director on Nursing (DON) said she did not know the residents were complaining about roaches and gnats. She stated she has only been in this position for two months.During an interview on 8/7/25 at 3:30 PM, the Administrator confirmed he had seen dead roaches in the facility. The Administrator said pest control comes monthly. He did not know the technician was not going into the residents' rooms. He did not know the chemical does not work for gnats. The Administrator said going forward he's going to have the pest control treat the residents' rooms and use the correct chemicals to get rid of the gnats. Resident council Member:Resident #23Record review of Resident #23's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Type 2 Diabetes Mellitus without complications.Record review of Resident #23's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/16/25 revealed she had a Brief Interview for (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident # 31Record review of Resident #31s admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Type 2 Diabetes Mellitus without complications.Record review of Resident #31's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed she had a Brief Interview for Mental Status (BIMS) score was not done.Resident #41Record review of Resident #41's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Type 2 Diabetes Mellitus without complications.Record review of Resident #41's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident #44Record review of Resident #44's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Chronic Obstructive Pulmonary Disease.Record review of Resident #44's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/27/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact.Resident #62Record review of Resident #62's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Spinal Stenosis Lumbar region with Neurogenic Cloudification.Record review of Resident #62's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident #66Record review of Resident #66's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Type 2 Diabetes Mellitus without complications.Record review of Resident #66's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 8, which indicated she was cognitively impaired.Resident #71Record review of Resident #71's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Hypertension.Record review of Resident #71's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident #84Record review of Resident #84's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Osteoarthritis.Record review of Resident #84's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/25/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident #87Record review of Resident #87's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Quadriplegic.Record review of Resident #87's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she was cognitively intact. Resident #94Record review of Resident #94's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included heart disease.Record review of Resident #94's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/23/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.Resident #104Record review of Resident #104's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included bilateral Osteoarthritis of the knee.Record review of Resident #104's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 11, which indicated she was cognitively intact.Resident #106Record review of Resident #106's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Hypertension.Record review of Resident #106 s Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/25 revealed she had a Brief Interview for Mental Status (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(BIMS) score of 15, which indicated she was cognitively intact.Resident #110Record review of Resident #110's admission Record revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Cirrhosis of the Liver.Record review of Resident #110's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact.