

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/28/2025
NAME OF PROVIDER OR SUPPLIER Sunplex Sub-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 Sunscope Drive Ocean Springs, MS 39564	

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 - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</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

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Based on observation, interviews, record review, and facility policy review, the facility failed to protect the resident's right to be free from neglect when licensed nursing staff failed to administer prescribed medications, failed to notify physicians of missed medications, and failed to ensure residents received appropriate supervision and monitoring during a period of increased resident illness and high acuity related to an influenza outbreak for five (5) of (5) residents reviewed for medication administration, Residents #12, #28, #36, #53, and #100. This had the potential to affect all 29 residents on the [NAME] Unit. The facility's failure to provide clear direction regarding nursing coverage responsibilities, ensure appropriate oversight, and timely physician notification for missed medications, placed all 29 residents on the [NAME] Unit at risk for serious illness, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 10/12/25 when one (1) Registered Nurse (RN) was assigned responsibility for all 58 residents in the facility, including 29 residents on the [NAME] Unit and 29 residents on the Transitional Care Unit (TCU), from approximately 12 AM until 7:00 AM. The facility Administrator was notified of the IJ on 10/21/25 at 4:10 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 10/22/25, in which they alleged all corrective actions to remove the IJ were completed on 10/22/25, and the IJ removed on 10/23/25. The State Agency (SA) validated the Removal Plan on 10/28/25 and determined that the IJ was removed on 10/23/25, prior to exit. Therefore, the scope and severity for CFR(s) S483.12(a)(1) Freedom from Abuse, Neglect, and Exploitation (F600) was lowered from a K to an E while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A record review of the facility's policy Abuse, Neglect, Exploitation and Misappropriation Prevention Program, dated 10/2022 revealed. Residents have the right to be free from abuse, neglect. Policy Interpretation and Implementation. The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect. by anyone including: a. facility staff. 3. Ensure adequate staffing and oversight/support to prevent burnout, stressful working situations and high turnover rates. 7. Implement measure to address factors that may lead to abusive situations, for example: a. adequately prepare staff for caregiving responsibilities. 8. Identify. all possible incidents of. neglect. A record review of the facility's policy Administering Medications, dated 8/2023 revealed. Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation. 4. Medications are administered in accordance with prescriber orders, including any required time frame. A record review of the facility's Nurse Schedule for October 2025 revealed on 10/11/2025 and 10/12/2025, two (2) nurses were scheduled for 7P-7A with one (1) nurse call-in for both days. Further review revealed the facility consistently scheduled two (2) licensed nurses for the 7P to 7A shift and the only RN scheduled for the facility was the RN that worked the night shift (7P to 7A shift.) A record review of the facility's Daily PPD (Per Patient Day) for 10/11/2025 revealed. Census 58. Day Shift Actual RN (Registered Nurse): 0, LPN (Licensed Practical Nurse): 3, CNA (Certified Nurse Aide): 5. Evening Shift Actual: RN: 0.5, LPN: 1.5, CNA: 5. Night Shift Actual RN: 1, LPN: 0, and CNA: 4. For 10/12/2025, the Daily PPD revealed. Census 58. Day Shift Actual RN: 0, LPN: 3, CNA: 5. Evening Shift Actual: RN: 0.5, LPN: 1.5, CNA: 5. Night Shift Actual RN: 1, LPN: 1, and CNA: 4. A record review of the facility's daily assignment sheet for 10/11/2025 for 10P-6:30A revealed RN #3 was listed as the TCU Nurse and there was no nurse assigned as [NAME] Nurse. A record review of the facility's Employee Time-Cards for 10/11/2025 revealed RN #3 was the only licensed nurse at the facility from approximately 11:00 PM until 7:00 AM. A record review of the facility's On-Call Log revealed the nurse scheduled for the 7:00 PM to 7:00 AM shift reported illness and called out at 12:00 PM on 10/11/25, providing the facility with approximately seven (7) hours to secure replacement coverage before the shift began. The facility was unable to provide written documentation that leadership attempted to find replacement coverage. A record review of the facility's Daily Census for 10/11/2025 and 10/12/2025 revealed there were 58 active residents at the facility. Resident #12A record review of the admission Record revealed the facility admitted Resident #12 on 07/21/2023 with current diagnoses including Other Intervertebral Disc Degeneration, Lumbar Region with Discogenic Back Pain Only. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/23/25 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) Summary Score of 14, which indicated he was cognitively intact. A</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observation, interviews, record review, and facility policy review, the facility failed to provide sufficient licensed-nurse and nurse aide coverage to meet resident needs. Specifically, the facility failed to ensure adequate licensed nurse coverage during an influenza (flu) outbreak for one (1) of two (2) resident care units (the [NAME] Unit) and failed to ensure sufficient nurse aide staffing to provide scheduled showers for three (3) of (17) sampled residents (Residents #24, #54, and #58). The facility's failure to ensure sufficient licensed-nurse coverage resulted in missed medications and lack of resident monitoring on the [NAME] Unit, which placed all 29 residents on the [NAME] Unit at risk for serious illness, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 10/12/25 when one (1) Registered Nurse (RN) was assigned responsibility for all 58 residents in the facility, including 29 residents on the [NAME] Unit and 29 residents on the Transitional Care Unit (TCU), from approximately 12 AM until 7:00 AM. The facility Administrator was notified of the IJ on 10/21/25 at 4:10 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 10/22/25, in which they alleged all corrective actions to remove the IJ were completed on 10/22/25, and the IJ removed on 10/23/25. The State Agency (SA) validated the Removal Plan on 10/28/25 and determined that the IJ was removed on 10/23/25, prior to exit. Therefore, the scope and severity for CFR(s) S483.35(a)(1)(2) Sufficient Staff (F725) was lowered from a K to an E while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include:</p> <p>A review of the facility's policy, Staffing dated 10/2022, revealed, .Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation. 2. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care. 5. Inquires or concerns relative to our facility's staffing should be directed to the administrator or his/her designee.</p> <p>A record review of the Facility Assessment, dated 7/1/2025 and signed by the Administrator, revealed the Goal as The goal of this assessment is to identify the resources required to provide competent care for our residents during regular operations, including nights and weekends, as well as in emergency situations. Facility Assessment and Staffing Needs a. This facility assessment will be utilized to.d. Review staffing needs for each shift (day, evening, night) .f. Aid in contingency planning for events that, while not necessitating activation of the facility's emergency plan, could impact resident care, such as the availability of direct care nurse staffing. Review of Staffing Needs as per Shift listed Ratio of Staff to Residents or #HPRD (hours per resident day) included the number of hours instead of the number of staff required per shift or per unit. Review of the Contingency Planning for Staffing revealed, In the case of an emergency event, the facility's emergency plan will be activated. If the event does not rise to the level of activation of the facility's emergency plan the facility will utilize staff, accordingly, including utilizing Administrative staff.</p> <p>A review of the facility's [NAME] reporting data revealed the facility triggered excessively low weekend staffing for the third (3rd) quarter, April 2025 through June 2025.</p> <p>A record review of a statement, undated, provided via the Administrator revealed The facility does not have a current policy for Contingency Staffing Plan/Emergency Staffing.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A record review of a statement, undated, provided via the Administrator revealed . The facility does not have a staffing policy specific to on-call procedures for call ins.</p> <p>A record review of the facility's Nurse Schedule for October 2025 revealed on 10/11/2025 and 10/12/2025, two (2) nurses were scheduled for 7P-7A with one (1) nurse call-in for both days. Further review revealed the facility consistently scheduled two (2) licensed nurses for the 7P to 7A shift.</p> <p>A record review of the facility's Daily PPD (Per Patient Day) for 10/11/2025 revealed . Census 58 . Day Shift Actual RN (Registered Nurse) :0, LPN (Licensed Practical Nurse): 3, CNA (Certified Nurse Aide): 4 . Evening Shift Actual: RN: 0.5, LPN: 1.5, CNA: 5 . Night Shift Actual RN:1, LPN: 0, and CNA:4 . For 10/12/2025, the Daily PPD revealed . Census 58 . Day Shift Actual RN:0, LPN: 3, CNA:5 . Evening Shift Actual: RN: 0.5, LPN: 2, CNA: 3.75 . Night Shift Actual RN:1, LPN: 1, and CNA:4 .</p> <p>A record review of the facility's daily assignment sheet for 10/11/2025 for 10P-6:30A revealed RN #3 was listed as the TCU Nurse and there was no nurse assigned as West Nurse.</p> <p>A record review of the facility's Employee Time-Cards for 10/11/2025 revealed RN #3 was the only licensed nurse at the facility from approximately 11:00 PM until 7:00 AM.</p> <p>A record review of the facility's On-Call Log revealed the nurse scheduled for the 7:00 PM to 7:00 AM shift reported illness and called out at 12:00 PM on 10/11/25, providing the facility with approximately seven (7) hours to secure replacement coverage before the shift began. The facility was unable to provide written documentation that leadership attempted to find replacement coverage.</p> <p>A record review of the facility's Daily Census for 10/11/2025 and 10/12/2025 revealed there were 58 active residents at the facility.</p> <p>On 10/19/25 at 3:25 PM, during an interview with RN #2, she stated she was assigned on-call duty for the weekend and was working the medication cart that evening for four (4) hours. She stated she heard there was no nurse on duty for the night shift on Saturday, 10/11/25, but confirmed she was not on call and did not work that weekend. She stated the facility's wound care nurse had the on-call phone that weekend, but she was not sure what occurred. She explained the Director of Nursing (DON) is responsible for on-call coverage Monday through Friday until 4:30 PM, and staff nurses rotate on-call duty during weekends. She stated the nurse assigned to on-call duty is required to answer the on-call phone, attempt to find coverage for any call-ins, and, if no coverage is available, report to the facility to work the shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 10/20/25 at 8:45 AM, during an interview with the Administrator, she stated that on Saturday, 10/11/25, the nurse scheduled for the 7:00 PM to 7:00 AM shift called in sick around 1:00 PM, reporting a fever. She stated the on-call nurse was also ill that day and was unable to find coverage or report to work. She stated she attempted to obtain coverage from the facility's sister facilities but was told no nurses were available. She stated the day-shift nurses agreed to remain until 11:00 PM, leaving one (1) Registered Nurse (RN) in the building from approximately 11:00 PM until 7:00 AM. She stated the day-shift nurses actually left around 12:00 AM, and because no additional nurse was found for the [NAME] Unit, she went to the nurses' station to monitor activity and notify the RN if assistance was needed. She stated she is not a nurse and was unaware of which medications or treatments were completed. She stated the RN came to the [NAME] Unit twice during the shift, once to administer an as needed (PRN) pain medication and once to perform a PRN blood glucose check. She stated she did not observe the nurse complete any medication pass around 5:00 AM or 6:00 AM. She stated she attempted to review the Medication Administration Records (MARs) to see which medications were scheduled but did not think about the 5:00 AM and 6:00 AM medication pass. She confirmed she did not maintain any written documentation of the efforts made to secure shift coverage.</p> <p>A record review of the admission Record revealed the facility admitted Resident #28 on 10/12/2023 with current diagnoses including Unspecified Injury at Unspecified Level of Cervical Spinal Cord, Sequela.</p> <p>A record review of the Quarterly MDS with an ARD of 8/6/25, revealed Resident #28 had a BIMS Summary Score of 15, which indicated he was cognitively intact.</p> <p>On 10/20/25 at 9:40 AM, during an interview and observation, Resident #28 resided on the [NAME] Unit and was observed lying in bed. Resident #28 stated he did not receive his morning medications, including his prescribed pain medication, on Sunday morning, 10/12/25. He stated he informed the nurse when she later brought his medications, but she told him it was too late to administer the missed doses.</p> <p>A record review of the admission Record revealed the facility admitted Resident #12 on 07/21/2023 with current diagnoses including Other Intervertebral Disc Degeneration, Lumbar Region with Discogenic Back Pain Only.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/23/25 revealed Resident #12 had a Brief Interview for Mental Status (BIMS) Summary Score of 14, which indicated he was cognitively intact.</p> <p>On 10/20/25 at 10:00 AM, during an interview and observation, Resident #12 resided on the [NAME] Unit and was observed sitting upright in a recliner. Resident #12 stated he did not receive his morning medications, including his prescribed pain medications, on 10/12/25. He stated he informed the daytime nurse when she arrived for her shift, but by that time, it was too late for the missed medications to be administered.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 10/20/25 at 10:45 AM, during an interview with Licensed Practical Nurse (LPN) #5, she stated she worked the 7:00 AM to 7:00 PM shift on 10/11/25 and was assigned to the split medication cart for both the Transitional Care Unit (TCU) and the [NAME] Unit. She stated the nurse scheduled for the [NAME] Unit called in sick around 1:30 PM. She stated there was no supervisor or Registered Nurse (RN) in the facility during the day shift that weekend, and there were critical issues because multiple residents were ill with flu-like symptoms. She stated two (2) residents were transferred to the hospital that day. She stated the other LPN on duty attempted to contact multiple staff for coverage by text and phone but received no response until approximately 5:00 PM. She stated the on-call nurse arrived at the facility around 5:00 PM, handed her and the other LPN the on-call phone, stated she quit, and left the facility because she was sick and unable to work. She stated the Administrator was notified, but no replacement nurse arrived. She stated she and the other LPN remained on duty and were informed that the TCU nurse would count off with them at 11:00 PM. She stated no one specifically asked them to stay, but they stayed voluntarily because no relief arrived, and residents required care. She stated both nurses remained until 11:00 PM after working sixteen (16) consecutive hours and completed all scheduled medication passes through that time. She stated she arrived late on the morning of 10/12/25 after oversleeping and came in at approximately 8:30 AM. She stated the other day-shift nurse called out, and the medical records nurse came in to assist with coverage. She stated that when she arrived, she counted the medication cart with the TCU nurse, and no mention was made of the 5:00 AM medications not being given; however, when she passed her own medications later that morning, several residents told her they had not received their morning medications.</p> <p>On 10/20/25 at 11:30 AM, during an interview with the Director of Nursing (DON), she stated she was on vacation the weekend of 10/11/25 and 10/12/25 and was not available to provide coverage for the nurse who called in sick.</p> <p>On 10/20/25 at 1:50 PM, during an interview with Licensed Practical Nurse (LPN) #7, she stated she was the nurse assigned to on-call duty for the weekend of 10/11/25 and 10/12/25. She stated that around Wednesday, 10/08/25, she began feeling ill and went to the doctor, who ruled out COVID-19 and influenza, so she continued to work while wearing a mask. She stated that on 10/11/25, the scheduled night nurse called in sick, and she notified the Administrator, and both attempted to find coverage. She stated the on-call phone rang throughout the day, and at one point she brought the phone into the facility and told the Administrator she was quitting, but they discussed it, and she agreed to continue to work. She stated the day-shift nurses wanted to be relieved, but no replacement could be found, and to her knowledge, they were asked to stay until 11:00 PM so the night nurse could take over the building. She stated she was unsure if the night nurse was ever told she would be responsible for both units. She stated she knew the Administrator came in that night and sat at the nurses' station on the [NAME] Unit.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 10/20/25 at 5:00 PM, during a phone interview with RN #3, she stated she worked the night shift from 7:00 PM to 7:00 AM on 10/11/25 and 10/12/25. She stated that when she arrived, she was informed another nurse scheduled for the [NAME] Unit had called in sick. She stated she counted off with the nurses on the [NAME] Unit and was told the Administrator would be at the nurses' station and would notify her if any residents on that unit needed medication. She stated she was never informed that she would be responsible for administering medications to residents on both units or completing the morning medication pass for the entire facility. She stated all staff were aware that she could not manage both units because she had multiple residents on the TCU who were ill and required her attention. She stated she went to the [NAME] Unit twice during her shift to administer a PRN pain medication and to perform a PRN blood glucose check for a resident who requested to have her blood sugar checked.</p> <p>On 10/20/25 at 5:30 PM, during a phone interview with Certified Nurse Aide (CNA) #10, she stated she worked on 10/11/25 from 10:00 PM to 6:30 AM on the [NAME] Unit. She stated there was no nurse present on the unit after midnight. She stated several residents were complaining of flu-like signs and symptoms during that weekend.</p> <p>On 10/20/25 at 5:45 PM, during a phone interview with CNA #11, she stated she worked on 10/11/25 from 10:00 PM to 6:30 AM on the TCU. She stated there was only one nurse, a Registered Nurse (RN), in the facility after midnight.</p> <p>On 10/21/2025 at 12:30 PM, during a phone interview with the facility's Medical Director/Physician, he reported he was not aware that only one (1) nurse was on duty overnight during the outbreak but stated that additional staff should have been provided, especially during an increase in resident acuity. He stated that staffing adequacy and infection control are discussed in QAPI meetings and that he relies on facility leadership to ensure appropriate staffing coverage. He explained that he believes the facility should have adequate staff and resources to meet resident needs during an outbreak, but that staffing continues to be an ongoing concern.</p> <p>On 10/21/25 at 1:30 PM, during an interview with the Administrator and DON, the Administrator explained on 10/11/25 she was notified at approximately 1:00 PM that the night nurse had called in sick. She stated that additional attempts were made to contact all nurses, including those at sister facilities, but they were unable to find coverage. The Administrator stated she arrived at the facility around midnight and remained at the [NAME] nursing station to assist the night nurse by answering call lights and notifying the nurse when residents requested medications. She confirmed she reviewed the Medication Administration Record (MAR) for evening medications but did not address the 5:00 AM medication pass. She stated she did not direct the night nurse to complete the morning medication pass and was unaware that some residents did not receive scheduled medications. The Administrator reported that she notified the Regional Director of Operations of the staffing shortage and that administrative staff assisted as needed. She confirmed the facility's contingency plan allowed administrative staff to assist during emergencies but acknowledged no agency staff were used, and no updates were made to the contingency plan following the incident. The DON confirmed she was aware only one nurse was on duty overnight for approximately sixty (60) residents but stated that one nurse should have been able to complete all medication passes. She stated she was not aware medications were missed until notified by the State Agency. Both the Administrator and DON described the incident as isolated and confirmed no changes had been made to the contingency plan or facility assessment.</p> <p>Resident #24</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A record review of the admission Record revealed the facility admitted Resident #24 on 8/11/25 with diagnoses including Encounter for Other Orthopedic Aftercare.</p> <p>A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/18/25 revealed Resident #24 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated she was cognitively intact. Section F revealed bathing preference was coded as very important.</p> <p>A record review of the Documentation Survey Report for September 2025 revealed Resident #24 was documented as having received one (1) bath on 9/2/25, listed as PRN (as needed), requiring one-person physical assistance. There were no other documented baths for Resident #24 for the month of September 2025. This documentation represented (12) missed showers during the month of September 2025.</p> <p>Resident #54</p> <p>A record review of the admission Record revealed the facility admitted Resident #54 on 1/2/24 with diagnoses including Cerebrovascular Disease affecting the Left Dominant Side.</p> <p>A record review of the Quarterly MDS with an ARD of 9/10/25 revealed Resident #54 had a BIMS score of 15, which indicated she was cognitively intact.</p> <p>A record review of the Documentation Survey Report for September 2025 revealed Resident #54 was documented as having received one (1) bath on 9/22/25, listed as Bathing/Showers M, W, F (Monday, Wednesday, Friday) X (times) 2 bed baths and X 1 shower, requiring two-person assistance. There were no other documented baths for Resident #54 for the month of September 2025.</p> <p>During an interview on 9/29/2025, Resident #54 stated she received a bath once weekly but wanted to be bathed more often.</p> <p>During a phone interview on 10/1/2025 at 8:35 AM, Resident #54's family member stated she was concerned about her mother's bathing care because the resident's feet were unclean during visits.</p> <p>Resident #58</p> <p>A record review of the admission Record revealed the facility admitted Resident #58 on 2/10/22 with diagnoses including Type 2 Diabetes Mellitus.</p> <p>A record review of the Comprehensive MDS with an ARD of 9/17/25 revealed Resident #58 had a BIMS score of 15, which indicated she was cognitively intact. Section GG revealed impairment of range of motion in both lower extremities and that she required maximal assistance for bathing, showers, and personal hygiene.</p> <p>A record review of the Documentation Survey Report for September 2025 revealed no documentation indicating Resident #58 received a shower or bath as scheduled on 9/4, 9/9, 9/11, 9/13, 9/23, 9/25, or 9/30/25 for a total of seven (7) missed showers during the month of September 2025.</p> <p>During an interview on 10/1/2025 at 7:40 AM, Resident #58 stated she did not receive her shower the previous evening, despite requesting it several times. She reported the staff were always short and that there were not enough Certified Nurse Aides (CNAs) to complete all resident showers.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Sunplex Sub-Acute Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6520 Sunscope Drive Ocean Springs, MS 39564	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/1/2025 at 7:55 AM, CNA #5 confirmed hearing Resident #58 complain about not receiving a shower and stated the resident was truthful. She confirmed there was no documentation in the electronic Kardex indicating Resident #58 received a shower on 9/30/25.</p> <p>During an interview on 10/1/25 at 10:37 AM, CNA #2 stated she was scheduled for three (3) baths that day but had only completed one (1) due to workload.</p> <p>During an interview on 10/1/25 at 11:12 AM, CNA #3 reported there were more residents scheduled on shower days than staff could handle, and she did not feel the facility had enough CNAs to meet resident needs.</p> <p>During an interview on 10/1/2025 at 3:20 PM, CNA #1 stated that usually two (2) CNAs worked per hall on both day and evening shifts, and not all showers were completed. CNA #1 stated staffing levels did not allow all scheduled showers to be completed and that management was aware of the problem.</p> <p>During an interview on 10/1/25 at 5:46 PM, LPN #1 reported staffing levels did not allow staff to provide showers consistently and residents often received bed baths instead.</p> <p>During an interview on 10/2/25 at 3:50 PM, the Director of Nursing (DON) confirmed residents complained of not receiving showers as scheduled. She stated CNA staffing shortages were an ongoing issue.</p> <p>During an interview on 10/2/25 at 4:15 PM, RN #2 stated that staffing shortages were ongoing.</p> <p>During an interview on 10/2/25 at 4:30 PM, the Administrator confirmed the facility did not have sufficient staff to meet resident needs. She stated resident acuity was high, CNA turnover was significant, and staff call-offs were frequent on weekends.</p> <p>The facility submitted the following acceptable Removal Plan on 10/22/25:</p> <p>On 10/21/2025 at 4: 10 PM, the State Agency presented Immediate Jeopardy (IJ) Templates for five failures of the facility. The facility failed to provide the necessary care and services to protect residents from neglect. Residents did not receive prescribed medications; the physician was not notified of missed medications and supervision was inadequate on 10/12/25. The facility failed to provide sufficient licensed-nurse coverage to meet resident needs during an influenza outbreak resulting in one (1) nurse being assigned responsibility for 58 residents from approximately 12 AM until 7 AM on 10/12/25, resulting in missed medications and lack of monitoring for residents on one unit. The facility failed to identify an influenza (flu) outbreak when three residents tested positive for flu from 10/8/25 through 10/12/25. The facility did not initiate droplet precautions, notify health department, provide timely antiviral treatment, maintain outbreak surveillance or staff illness tracking during outbreak. The facility failed to ensure the facility assessment had required detail on staffing needs by shift and by unit, and the contingency plan for staffing emergencies had no actionable process which resulted in insufficient staffing during an influenza outbreak. The facility failed to use its Quality Assurance and Performance Improvement (QAPI) program to identify and correct system failures in infection control and staffing during an influenza outbreak.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>1. On 10/21/2025 at 6:15 PM, the Administrator held an emergency Quality Assurance and Performance Improvement meeting with the Medical Director, Director of Nursing, Infection Preventionist, Medical Records nurse, Life Connections Coordinator, Wound Care nurse and others as part of the Interdisciplinary team to discuss findings from the State Agency, discuss immediate actions, and further interventions. Immediate actions were decided as in-servicing all staff on Abuse and Neglect, in-servicing nurses on medication administration and medication errors, in-servicing all staff on flu outbreak and isolation precautions. The Administrator would review policy for Quality Assurance and Performance Improvement for any changes needed and as re-education in policy. The Administrator would review and update facility assessment to identify updated needs to staff per unit and the contingency plan for emergencies. Administrative nurses would complete a 100 percent audit on all medication carts compared to medication orders to ensure all medications were accessible in the building. The Infection Preventionist would be in-serviced on the roles and responsibilities of an Infection Preventionist. Policies on Abuse and Neglect, medication administration, medication errors, QAPI, flu outbreak, isolation precautions, and the expectations of the Infection Preventionist were all reviewed and updated. Staff were in-serviced with new policies.</p> <p>2. On 10/21/2025 at 6: 15 PM, the Administrator notified Medical Director of missed medications during QAPI meeting. All missed medications were reviewed with Medical Director during this meeting. No new orders were given. No adverse reactions were noted due to missed medications.</p> <p>3. On 10/21/2025 at 8:00 PM, the Director of Nursing began an in-service for all staff on the policies and procedures of Abuse and Neglect. No employee was permitted to return to work until they completed the in-service.</p> <p>4. On 10/21/2025 at 8:00 PM, the Director of Nursing began an in-service on medication administration and medication errors to educate all nursing staff. This in-service included procedures for when medication cannot be located anywhere in the facility. If medication is not available, staff should contact pharmacy and pull medication from emergency kit. Any missed medications are to be reported to the Director of Nursing and Medical Director immediately, an incident report is to be completed, the resident observed for any adverse reactions, and the family/resident representative is to be notified. Any tasks left undone are to be reported to relief during report for oncoming shift. No employee was permitted to return to work until they completed the in-service.</p> <p>5. On 10/21/2025 at 8:00 PM, Administrator and Director of Nursing reviewed Flu outbreak and Isolation precautions policy and procedures. The Director of Nursing began an in-service for flu outbreak and isolation precautions to educate all staff. All staff are to continue to monitor residents and staff for flu-like symptoms and report any findings to the immediate supervisor. No employee was permitted to return to work until they completed the in-service.</p> <p>6. On 10/21/2025 at B: 15 PM, the Administrator reviewed policy on Quality Assurance and Performance Improvement plan and policy for re-education purposes and to review new policy. The Quality Assurance and Performance Improvement plan and policy was reviewed with the facility's Interdisciplinary Team including the Administrator, Medical Director, Director of Nursing, Infection Preventionist, Medical Records nurse, Life Connections Coordinator, Wound Care nurse and others in a follow up Quality Assurance and Performance Improvement meeting held on 10/22/2025 at 4:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>7. On 10/21/2025 at 8:30 PM, the facility Administrator began reviewing and updating the facility assessment to reflect correct staffing and supervision by shift and by unit related to the facility's acuity level. The Facility Administrator began updating the contingency plan for staffing emergencies within the facility assessment. The facility assessment was updated on 10/22/2025 at 12:00 PM. The contingency plan will be initiated effective 10/22/2025 at 12:00 PM and is as follows: Facility will utilize On-call for staffing needs and call ins. On-call will notify Director of Nursing if not able to cover. Facility will utilize Consultants and/or transfer staff from other nursing facilities within partnership to assist and cover staffing needs. The new facility assessment was reviewed with the interdisciplinary team during follow up QAPI held on 10/22/2025 at 4:00 PM.</p> <p>8. On 10/22/2025 at 7:00 AM, the Infection Preventionist (IP) was included in an in-service held by the Director of Nursing for policy and procedures of outbreak surveillance and staff-illness tracking during an outbreak to be completed before beginning of their next shift. Due to this outbreak being finished, IP nurse was instructed to continue to monitor residents and staff for flu-like symptoms and to report to Director of Nursing any findings.</p> <p>9. On 10/22/2025 at 3:00 PM, the Director of Nursing, Medical Records nurse, and Wound Care nurse completed a 100 percent audit to compare the current medication orders to the medication on the carts and in medication rooms to verify all medications ordered were readily available in the facility. No negative findings during audit.</p> <p>10. On 10/22/2025 at 3:50 PM, the Administrator notified the Mississippi Department of Health of the flu outbreak beginning 10/8/2025.</p> <p>11. On 10/22/2025 at 4:00 PM, the Administrator held a follow-up QAPI meeting to discuss all immediate actions that were in place. All in-services and audits were completed. All staff would continue to monitor any residents or staff for flu-like symptoms, staffing would be reviewed daily to ensure all areas were covered according to the facility assessment, and daily reviews of missed medications would be reviewed each morning in clinical meeting.</p> <p>The facility alleges all corrective actions to remove the IJ was completed on 10/22/25 and IJ would be removed on 10/23/2025.</p> <p>Validation:</p> <p>The SA validated the removal plan on 10/28/25 and the immediacy was removed on 10/23/25 prior to exit.</p>		

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<p>F 0838</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>(continued on next page)</p>

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<p>F 0838</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Based on staff interview and record review, the facility failed to ensure the facility assessment contained required details regarding staffing needs by shift and by unit and failed to maintain an actionable contingency plan for staffing emergencies for (59) of (59) residents in the facility during the influenza outbreak from 10/8/25 through 10/12/25. The facility's failure of not specifying in the facility assessment the number of licensed nurses and Certified Nurse Aides (CNAs) needed per shift and per unit to meet resident needs and the contingency plan not containing clear procedures for securing coverage during emergencies or staff call-offs, resulted in the facility being unprepared for staff absences during the influenza outbreak, which placed all residents at risk for serious illness, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 10/12/25 when there was insufficient staffing during the influenza outbreak. The facility Administrator was notified of the IJ on 10/21/25 at 4:10 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 10/22/25, in which they alleged all corrective actions to remove the IJ were completed on 10/22/25, and the IJ removed on 10/23/25. The State Agency (SA) validated the Removal Plan on 10/28/25 and determined that the IJ was removed on 10/23/25, prior to exit. Therefore, the scope and severity for CFR(s) S483.71(c)(2)(3) and (5) - Facility Assessment (F838) was lowered from a L to a F while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Record review of the Facility Assessment, dated 7/1/2025 and signed by the Administrator, revealed the Goal as The goal of this assessment is to identify the resources required to provide competent care for our residents during regular operations, including nights and weekends, as well as in emergency situations. Facility Assessment and Staffing Needs a. This facility assessment will be utilized to. d. Review staffing needs for each shift (day, evening, night). f. Aid in contingency planning for events that, while not necessitating activation of the facility's emergency plan, could impact resident care, such as the availability of direct care nurse staffing. Review of Staffing Needs as per Shift listed Ratio of Staff to Residents or #HPRD (hours per resident day) included the number of hours instead of the number of staff required per shift or per unit. Review of the Contingency Planning for Staffing revealed, In the case of an emergency event, the facility's emergency plan will be activated. IF the event does not rise to the level of activation of the facility's emergency plan the facility will utilize staff, accordingly, including utilizing Administrative staff .On 10/20/2025 at 5:00 PM, during a phone interview with Registered Nurse (RN) #3, she confirmed that the facility usually had two licensed nurses, including an RN and a Licensed Practical Nurse (LPN), that works on the 7 PM to 7 AM shift. On 10/21/25 at 1:30 PM, during an interview with the Administrator and Director of Nursing (DON), the Administrator explained she was notified on 10/11/25 at approximately 1:00 PM that the night nurse had called in sick during the influenza outbreak. She stated that additional attempts were made to contact all nurses, including those at sister facilities, but no coverage was found. The Administrator stated she arrived at the facility around midnight and remained at the [NAME] nursing station to assist the night nurse by answering call lights and notifying the nurse when residents requested medications. The Administrator reported that she notified the Regional Director of Operations of the staffing shortage and that administrative staff assisted as needed. She confirmed the facility's contingency plan allowed administrative staff to assist during emergencies but acknowledged no agency staff were used, and no updates were made to the contingency plan following the incident. The Administrator and DON both stated that only three (3) residents tested positive for influenza, and they did not consider the event an emergency requiring activation of the emergency plan. The Administrator stated the facility assessment used was carried over from the prior Administrator and did not contain a breakdown of the number of licensed nurses and Certified Nurse Aides (CNAs) required per shift or unit. She acknowledged she was unaware the assessment required this detail. She confirmed the assessment had not been revised following the outbreak and that staffing adjustments were made only as needed. Both the Administrator and DON described the incident as isolated and confirmed no changes had been made to the contingency plan or the facility assessment as a result. The facility submitted the following acceptable Removal Plan on 10/22/25: On 10/21/2025 at 4: 10 PM, the State Agency presented Immediate Jeopardy (IJ) Templates for five failures of the facility. The facility failed to provide the necessary care and services to protect residents from neglect. Residents did not receive prescribed medications; the physician was not notified of missed medications and supervision was inadequate on 10/12/25. The facility failed to provide sufficient</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>(continued on next page)</p>

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<p>F 0865</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Based on staff interview, record review, and facility policy review, the facility failed to use its Quality Assurance and Performance Improvement (QAPI) program to identify, analyze, and correct systemic failures in infection prevention and control and staffing during an influenza (flu) outbreak for 59 residents residing in the facility from 10/8/25 through 10/12/25. The facility's failure to use its QAPI program to evaluate and address the lack of outbreak recognition including failure to initiate droplet precautions, failure to notify the local health department, failure to ensure antiviral medications were administered as prescribed, and failure to monitor staff illness and infection control compliance resulted in continued exposure and spread of influenza within the facility. Additionally, the facility failed to use its QAPI process to identify and correct deficiencies in staffing coverage and the absence of an actionable staffing contingency plan within the facility assessment. These failures demonstrated the facility's lack of an effective, ongoing, data-driven QAPI program and placed all residents in the facility at risk for serious illness, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 10/12/25 when there was insufficient staffing during the influenza outbreak. The facility Administrator was notified of the IJ on 10/21/25 at 4:10 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 10/22/25, in which they alleged all corrective actions to remove the IJ were completed on 10/22/25, and the IJ removed on 10/23/25. The State Agency (SA) validated the Removal Plan on 10/28/25 and determined that the IJ was removed on 10/23/25, prior to exit. Therefore, the scope and severity for CFR(s) S483.75(f)(4) - Quality Assurance and Performance Improvement Program (F865) was lowered from a L to a F while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A review of the facility's policy, Quality Assurance and Performance Improvement (QAPI) Program, dated 10/2022, revealed. This facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI program that is focuses on indicators of the outcomes of care and quality of life for our residents. Policy Interpretation and Implementation The objectives of the QAPI program are to. 2. Provide a means to establish and implement performance improvement projects to correct identified negative or problematic indicators. Implementation. 2. The QAPI plan describes the process for identifying and correcting quality deficiencies. Key components of this process include. c. identifying and prioritizing quality deficiencies; d. systematically analyzing underlying causes of systemic quality deficiencies; e. developing and implementing corrective action. A record review of the QAPI Committee Meeting Attendance Record provided by the Administrator revealed the most recent meeting was held on 9/26/25. There were no additional QAPI meeting records prior to the State Agency's (SA) entrance on 10/19/25, indicating there were no meetings during or after the influenza outbreak that occurred from 10/8/25 through 10/12/25. During a phone interview on 10/21/2025 at 12:30 PM, the facility's Medical Director/Physician explained he was notified that three (3) residents had tested positive for influenza but was unsure how many residents had signs and symptoms. He explained that when influenza is suspected or confirmed, he depends on the facility staff to follow protocols and notify him as needed. The physician stated that he was unaware whether Enhanced Barrier or Droplet Precautions were implemented during the outbreak and explained that he expects staff to follow infection control policies and procedures. He reported that he had not reviewed or been provided feedback on the facility's outbreak response plan and had not been informed of any challenges in obtaining antivirals or other medications. When asked about staffing, the physician reported he was not aware that only one (1) nurse was on duty overnight during the outbreak but stated that additional staff should have been provided, especially during an increase in resident acuity. He stated that staffing adequacy and infection control are discussed in QAPI meetings and that he relies on facility leadership to ensure appropriate staffing coverage. The physician stated that he was notified of residents' symptoms by phone and was not aware of any meetings with the Administrator, Director of Nursing, or Infection Preventionist regarding the outbreak. He stated that while infection prevention and the facility assessment are discussed during QAPI meetings, the Administrator typically completes the facility assessment. He could not recall whether the outbreak response was reviewed during the last QAPI meeting. During a phone interview with the facility Infection Preventionist (IP) nurse, on 10/21/2025 at 10:00 AM, she explained she was notified on 10/8/2025 that a resident sent to the hospital had tested positive for influenza. She stated that, following the first case, two additional residents tested positive on 10/10/2025 and 10/12/2025. She stated that she did not know what infection-control measures were implemented.</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record review, and facility policy review, the facility failed to implement appropriate infection prevention and control practices to prevent and contain the spread of influenza (flu) when three (3) residents (Residents #1, #53, and #63) tested positive between 10/8/25 and 10/12/25 for (59) of (59) residents in the facility. Additionally, the facility failed to implement Enhanced Barrier Precautions (EBP) during catheter care (a high contact care activity) for Resident #49. The facility's failure to identify the presence of an outbreak, initiate droplet precautions, post appropriate signage, notify the local health department, provide staff and family education regarding the outbreak, ensure the Infection Preventionist and clinical leadership verified isolation orders and monitored staff illness and infection-control compliance, and ensure antiviral medications were administered as prescribed resulted in the continued exposure of residents and the potential for transmission of flu throughout the facility, placing all residents at risk for serious illness, serious harm, serious impairment, or death. The situation was determined to be an Immediate Jeopardy (IJ) that began on 10/8/25 when the facility had its first laboratory-confirmed case of flu. The facility Administrator was notified of the IJ on 10/21/25 at 4:10 PM and was presented with the IJ Template. The facility provided an acceptable Removal Plan on 10/22/25, in which they alleged all corrective actions to remove the IJ were completed on 10/22/25, and the IJ removed on 10/23/25. The State Agency (SA) validated the Removal Plan on 10/28/25 and determined that the IJ was removed on 10/23/25, prior to exit. Therefore, the scope and severity for CFR(s) S483.80(a)(1) - Infection Control (F880) was lowered from a L to a F while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A record review of the facility's policy Influenza, Prevention and Control of Seasonal, revised 01/12/2024 revealed. This facility follows current CDC (Center for Disease Control and Prevention) and State and Federal guidelines and recommendations for the prevention and control of seasonal influenza. Policy Interpretation and Implementation. Surveillance 1. When there is influenza activity in the local community, or one laboratory-confirmed influenza case is identified in the facility, active daily surveillance for influenza illness is conducted among all new and current residents, healthcare personnel, and visitors. Influenza Control Symptomatic Residents and Visitors 1. Residents and visitors are asked to inform staff if they have symptoms of any respiratory infections (. cough, runny nose, fever) . 3. Residents and visitors are reminded to report signs and symptoms of respiratory infection through the posting of signs at the entrance to and in public areas of the facility. 4. Staff are trained in recognizing and reporting signs of respiratory illness observed in residents. 7. Visual alerts (. signs, posters) are posted at the entrance to and in common areas of the facility to provide residents, visitors, and staff with instructions about respiratory hygiene and cough etiquette. 12. Wear a facemask upon entering room of influenza positive or suspected resident. Remove and dispose of facemask when leaving the room. Symptomatic Healthcare Workers 1. The infection preventionist and/or designee monitors and manages ill healthcare personnel. Laboratory Testing for Influenza 1. Laboratory testing for influenza is considered for residents (whether or not it is influenza season): a. with signs and symptoms of influenza; OR b. for high-risk residents who have atypical signs and symptoms, AND c. for residents in which test results will influence clinical management. 2. Confirmation of influenza by laboratory testing is not required in order to prescribe antiviral medication, and antiviral treatment is not delayed while awaiting test results. Infection Precautions 1. Contact and droplet precautions are implemented for residents with suspected or confirmed influenza for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer. Precautions may be applied for longer periods based on clinical judgement. 6. Report influenza outbreak to local health department. Two cases is considered an outbreak. 7. Follow CDC guidance for influenza outbreak management. 8. Notify medical director for guidance on administering antiviral treatment during an outbreak. A review of the facility's policy, Enhanced Barrier Precautions, undated, revealed. Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. Policy Interpretation and Implementation. 2. EBPs employ targeted gown and glove use during high contact resident care. 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include: . g. device care or use . urinary catheter. A record review of the CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities, dated 9/17/2024, revealed. Residents of long-term care facilities can</p>		