STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255290	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Driftwood Nursing Center	1500 Broad Avenue Gulfport, MS 39501

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on interview, record review, and facility policy review, the facility failed to transmit resident assessments to the Centers for Medicare and Medicaid Services (CMS) within (14) days of completion for two (2) of (2) sampled residents (Residents #23 and #95), with the potential to affect all (14) residents who triggered for a late Resident Assessment.Findings include:A review of the facility's MDS (Minimum Data Set) Policy, revised 1/10/24, revealed, .Standard.I. The CMS Long-Term Care Facility Resident Assessment Instrument User's Manual is the primary source of information for completion of an MDS assessment. II. Timing, scheduling, and completion of MDS assessments and entry and discharge reporting will be carried out per the guidelines set forth in the Long-Term Care Facility Resident Assessment Instrument User's Manual version 3.0. IX Transmission of MDS.Comprehensive assessments must be transmitted electronically within fourteen (14) days of the care plan completion date. All other MDS assessments must be submitted within (14) days of the MDS completion date.Resident #23A record review of the admission Record revealed the facility admitted Resident #23 on 11/3/17 with diagnoses including Legal Blindness.A record review of the facility's IQIES Report MDS 3.0 Final Validation Report revealed the Submission Date/Time: 01/26/2026 with Message: Record Submitted Late: The submission date is more than 14 days.Resident #95A record review of the admission Record revealed the facility admitted Resident #95 on 9/6/25 with diagnoses including anxiety disorder.A record review of the facility's IQIES Report MDS 3.0 Final Validation Report revealed the Submission Date/Time: 01/26/2026 with Message: Record Submitted Late: The submission date is more than 14 days.On 1/29/26 at 12:00 PM, during an interview, Registered Nurse (RN) #2 and RN #3, both MDS Nurses, confirmed the resident assessments for Residents #23 and #95 were completed but transmitted late. They explained they were unable to transmit the assessments timely due to additional responsibilities, including floor nursing coverage and staffing duties during the holiday period.On 1/29/26 at 12:30 PM, during an interview, the former Director of Nursing (DON) and the current DON stated their expectation was for all MDS assessments to be transmitted in accordance with CMS guidelines. They reported changes were implemented to remove staffing and the DON responsibilities from MDS nurses to allow timely completion and transmission of assessments.On 1/29/26 at 1:00 PM, during an interview, the Administrator stated she expected all MDS assessments to be transmitted in compliance with CMS requirements. She confirmed she became aware of the late MDS transmissions following a case mix review and reported MDS nurses had been utilized for floor coverage. She stated changes were being made to improve MDS timeliness and oversight.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview, record review, and facility policy review, the facility failed to provide the specific reason and basis for a hospital transfer in plain language for one (1) of two (2) residents sampled for hospitalization. Resident #54.Findings include:A review of the facility's policy, Transfer and Discharge (including AMA) (Against Medical Advice) date implemented 02/05/2025, revealed, .Definitions: . ?Transfer and Discharge' includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical place or not. Policy Explanation and Compliance Guidelines: . 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all the following at the time it is provided: a. The specific reason and basis for transfer or discharge.A record review of the admission Record revealed the facility admitted Resident #54 on 12/3/25 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Progress Notes revealed Resident #54 had a Nurse's Note, effective 1/6/26 at 9:51 AM, for .Transferring resident to ER (Emergency Room) for evaluation of AMS (Altered Mental Status) .A record review of the Notice of Resident Transfer or Discharge notification with an effective date of 1/6/26 at 10:43 AM revealed Resident #54 was being transferred and the reason for transfer/discharge was listed as AMS. There was no further clarification or listing in plain language.On 1/27/26 at 3:10 PM, during an interview with the Unit Coordinator, she reported Resident #54 was sent to the emergency room and did not return to the facility. She reported she was responsible for mailing the Notice of Resident Transfer or Discharge notifications to the responsible representative (RR). She reported she was aware the notice must include the required information, including the specific reason in the language and manner the RR can understand. She reviewed Resident #54's Notice of Resident Transfer or Discharge notification and confirmed the reason for transfer or discharge was documented as AMS, which she explained meant altered mental status, and the reason was not explained in a language or manner they would understand. She reported the reason was documented as AMS in error and she knew to include the specific reason.On 1/28/26 at 3:00 PM, during an interview with the Administrator, she reported she was informed for the issue with the reason of transfer documentation for Resident #54. She reported she expected the forms to be completed accurately according to federal guidelines.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and facility policy review, the facility failed to maintain infection prevention and control practices by allowing a resident meal tray to be stored in a biohazard room for one (1) of two (2) observations. Findings include:A record review of the facility's policy, Infection Prevention and Control Policy Program, dated 2/1/25, revealed, This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary.environment.On 01/28/2026 at 9:21 AM, during an observation with Housekeeper/Maintenance #1, there was a biohazard room on the north wing near the nurse's station. The room was marked with a biohazard logo and secured with keypad entry. Inside the room, there was a resident food tray that was placed beneath posted signage indicating food and utensils were not to be placed in the room. The tray contained a meal preference ticket identifying Resident #35 and indicated a dinner meal dated 1/27/2026. Housekeeping/Maintenance Staff #1 confirmed the tray should not have been in the biohazard room and stated he was unaware it had been left there and did not know who placed it there.On 01/28/2026 at 2:15 PM, in an interview with Infection Preventionist/Registered Nurse (RN) #1, she stated staff are trained during orientation and ongoing infection control education not to place food trays or utensils in biohazard rooms and that trays are to be returned directly to the kitchen. RN#1 stated this expectation is included in new-hire orientation and quarterly infection control and safety education.On 01/29/2026 at 10:40 AM, North Hall Charge Nurse/Licensed Practical Nurse (LPN) #1 stated staff are trained to return all meal trays to the kitchen but reported that second-shift staff frequently place trays in the biohazard room instead of returning them to the dietary department. LPN #1 stated she checks the biohazard room daily for trays and confirmed staff is aware that trays are not to be placed in the room. On 01/29/2026 at 11:00 AM, Dietary Department (DD) #1/Dietary Manager, stated that dietary staff leave the kitchen at 8:00 PM and the dietary department door is locked at that time while the dining hall remains open. He stated nursing staff have a key for access after-hours, and he was unsure where staff placed meal trays after dietary staff leave for the day.On 01/29/2026 at 11:05 AM, DD #2 stated the dietary department door is locked after kitchen staff leave and nursing staff may return trays to the dietary window for collection and washing the next morning.On 01/29/2026 at 11:30 AM, during a follow-up interview and observation with RN#1 and Housekeeping/Maintenance Staff #1, the biohazard room was confirmed to contain soiled linens and was restricted by keypad entry. Both confirmed the room was not accessible to residents or visitors and that the tray would have been placed in the room by facility staff.On 01/29/2026 at 1:11 PM, the Administrator stated staff are expected to return all dirty trays and dishes to the dietary department and that trays are not to be placed in biohazard rooms because it created an infection control concern and pest risk.