Printed: 11/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023		
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501			
For information on the nursing home's	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 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES		the facility failed to implement I lift and for Pressure Ulcers (PU) Int #5, Resident #6, and Resident transfer during a mechanical lift ing a full body mechanical lift with if also did not implement care plan Int #4, Resident #5, Resident #6, Isidents and other residents at risk, death. ed staff assistance was determined Agency (SA) observed CNA #1 Administrator was notified and ey alleged all corrective actions to alidated the Removal Plan on lity on 2/28/23 to extend the survey. Is for treatments as ordered and sident #7. eatments and assessments was nurse resigned which led to PU		

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

FORM CMS-2567 (02/99) Event ID: Previous Versions Obsolete Facility ID: 255092

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coastal Health and Rehabilitation Center		1530 Broad Ave Gulfport, MS 39501	FCODE
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F 0656 Level of Harm - Immediate jeopardy to resident health or safety	Due to additional identification of IJ, the SA notified the Administrator that the IJ Template dated 2/23/23 and the Removal Plan dated 2/24/23 were being rescinded. The facility Administrator was notified of the IJ and presented a revised IJ Template on 3/2/23 at 5:10 PM. The facility provided an acceptable Removal Plan on 3/4/23, in which they alleged all corrective action to remove the IJ were completed and the IJ removed on 3/3/23.		
Residents Affected - Some	The SA validated the Removal Plan on 3/6/23 and determined the IJ was removed on 3/3/23, prior to exit. Therefore, the scope and severity for CFR 483.21 (b) (1) Comprehensive Care Plans 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:		
	Review of the facility's Policies and Procedures with the Subject: Plans of Care, revised 9/25/2017 revealed, . An individualized 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 .Develop and implement an individualized Person-Centered comprehensive plan of care by the Interdisciplinary Team .		
	Resident #2		
	Resident #2) has self-care deficit R	sive Care Plan for Resident #2 revealed R/T (related to) limited mobility - osteoar Total X2 and Hoyer Lift to be used for	thritis (OA), Dementia and had
		n observation, CNA #1 was operating a pended midair, without assistance from	
	Resident #4		
	Record review of the Comprehensive Care Plan for Resident #4 revealed a Focus of (Proper Name of Resident #4) was admitted with stage 4 pressure ulcer to sacrum, SDTI (Suspected Deep Tissue Injury) to tip of right 2nd toe, and arterial wound to lateral aspect of right foot r/t disease process. and had Interventions including Administer treatments as ordered to stage IV (4) sacrum, SDTI 2nd toe, and rt (right) heel wound and Assess/record/observe wound healing. Measure length, width, and depth where possible. Assess and document status of wound perimeter, wound bed, and healing progress. Report improvements and decline to the MD (Medical Doctor)/health care provider.		
	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 11/17/22 for Acetic Acid Solution o.25% Apply to sacrum topically every day shift for sacrum.		
	A record review of the electronic Tr treatment to the sacrum had 20 mis	reatment Administration Record for 2/1/ssed treatments.	/23 through 2/28/23 revealed the
	(continued on next page)		

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F 0656 Level of Harm - Immediate jeopardy to resident health or safety	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 12/30/22 to Cleanse Sacrum with NS/Wound Cleanser, pat dry, Apply Puraply Skin sub x 2. cover with zeroform and border dressing leave on for 7 days. If border dressing comes loose, change only outer border dressing one time a day and as needed for sacrum.			
Residents Affected - Some		reatment Administration Record for 2/1/ mented as received three (3) times for t		
	Review of the medical record revealed there were no weekly wound assessments or documentation for the month of February 2022 to include wound measurements, characteristics, and progression of the wound to the sacrum.			
	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 12/21/22 to Cleanse left lateral ankle with NS (normal saline)/Wound cleanser, pat dry, apply dura-fiber AG (silver), cover with silicone foam border dressing Monday, Wednesday, Friday and PRN (as needed) for left lateral ankle.			
	A record review of the electronic Tr was 9 missed treatment administra	reatment Administration Record for 2/1/ tions.	/23 through 2/28/23 revealed there	
	had a Physician's Order dated 12/2	ary Report with Active Orders As Of 02. 22/22 to Cleanse right dorsal foot with Noam border dressing Monday, Wednes	NS/Wound cleanser, pat dry, apply	
	A record review of the electronic Tr was 9 missed treatment administra	reatment Administration Record for 2/1/ tions.	/23 through 2/28/23 revealed there	
	had a Physician's Order dated 12/2	ew of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 ician's Order dated 12/21/22 to Cleanse Right Heel with NS/Wound Cleanser, pat dry, apply G, cover with silicone foam border dressing Monday, Wednesday, Friday and PRN as needed for deep tissue injury.		
	A record review of the electronic Tr was 9 missed treatment administra	reatment Administration Record for 2/1/ tions.	/23 through 2/28/23 revealed there	
	had a Physician's Order dated 1/2/	ary Report with Active Orders As Of 02. 23 to Cleanse wound to Right second ssing Every Monday, Wednesday, Frida	Γoe with NS/Wound Cleanser, pat	
	A record review of the electronic Ti was 9 missed treatment administra	reatment Administration Record for 2/1/ tions.	/23 through 2/28/23 revealed there	
	Review of the medical record for Resident #4 revealed there were no weekly wound assessments or documentation for the month of February 2023 to include wound measurements, characteristics, and progression for any of his wounds.			
	Resident #5			
	(continued on next page)			

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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Current pressure ulcer: sacral regic and wound treatments See MD ord Record review of the Progress Note (WCNP), Right, Anterior Thigh .Fu every day for 15 days . Record review of the Progress Note (WCNP), Right, Distal Foot .Full The every other day and prn . Record review of the Progress Note (WCNP), Right Great Toe .Full The every other day and prn . Record review of the Progress Note (WCNP), Right, Lateral Lower Leg Acid 0.25% .Every day for 15 days . Record review of the Progress Note (WCNP), Sacral is a Stage 4 Press 25% .Every day for 15 days . Record review of the Progress Note (WCNP), Right, Lateral Hip is a Press day for 15 days . Record review of the Progress Note (WCNP), Right, Lateral Hip is a Press day for 15 days . Record review of the Progress Note (WCNP), revealed .Right, Posterior 0.25% .Every day for 15 days . Record review of the Progress Note (WCNP), revealed .Posterior Scroi wound with Acetic Acid 0.25% .Every wound with Acetic Acid 0.25% .Every executed by the facility. Record review of the Order Recap Physician's Order dated 2/14/23 for times a day for skin disinfection. The	es Details, dated 2/17/23, completed by li Thickness .Burn .Wound Orders .Paces Details, dated 2/17/23, completed by hickness .Burn .Wound Orders .Silver / es Details, dated 2/17/23, completed by ickness .Burn .Wound Orders .Silver All es Details, dated 2/17/23, completed by .Full Thickness Trauma Wound .Wourders .Wound .Wourders .Burn .Wound Orders .Wound Orders .Pack wo les Details, dated 2/17/23, completed by sure Injury Pressure Ulcer .Wound Orders .Pack wo les Details, dated 2/17/23, completed by the sure Ulcer .Wound Orders .Pack wo les Details, dated 2/17/23, completed by the Thigh is a Pressure Ulcer .Wound Orders .Pack wo les Details, dated 2/17/23, completed by the sure Injury Pressure .Wound Orders .Pack wo les Details, dated 2/17/23, completed by the Saled that none of the wound care orders alled that none of the wound care orders .Report, with order dates from 2/1/23 through 2/28/23 revealed alled for 2/1/23 through 2/28/23 revealed.	wound: wound care to R leg. Skin y Wound Care Nurse Practitioner ck wound with Acetic Acid 0.25%. y Wound Care Nurse Practitioner Alginate - Maxsorb or Durafiber y Wound Care Nurse Practitioner Iginate - Maxsorb or Durafiber y Wound Care Nurse Practitioner and Orders .Pack wound with Acetic y Wound Care Nurse Practitioner lers .Pack wound with Acetic Acid 0. y Wound Care Nurse Practitioner und with Acetic Acid 0.25% .Every y Wound Care Nurse Practitioner und with Acetic Acid 0.25% .Every y Wound Care Nurse Practitioner ders .Pack wound with Acetic Acid y Wound Care Nurse Practitioner ders .Pack wound orders .Pack s dated 2/17/23 by the WCNP were arough 2/28/23, revealed a n .Apply to wound topically two ation to apply the solution.

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F 0656 Level of Harm - Immediate jeopardy to resident health or safety	documentation for the month of Fel progression for any of his wounds.	of the medical record for Resident #5 revealed there were no weekly wound assessments or tratation for the month of February 2023 to include wound measurements, characteristics, and ion for any of his wounds. There was also no Braden Scale For Predicting Pressure Sore Risk scale (used to assess pressure ulcer risk factors) in the medical record for Resident #5.		
Residents Affected - Some		r Resident #6 revealed a Focus of The in Intervention of Administer treatment		
		esident #6 revealed there was no .Adm ressed the resident's skin condition at t		
	Record review of the Order Summary Report with Active Orders As Of: 03/08/2023 revealed a Physician's Order, dated 2/6/23 to Cleanse Sacrum with NS/Wound cleanser, pat dry, Apply santyl with Vashe wet to dry, cover with Foam border dressing QD (Every Day) and PRN.			
		reatment Administration Record for 2/1/ vas not documented as administered 16	•	
	completed for Resident #6 upon ac	ew with RN #1, he confirmed there had dmission to assess his risk for developing bund assessments and one (1) weekly s	ng pressure ulcers. RN #1 verified	
	Resident #7			
		r Resident #7 revealed a Focus of The in Intervention of Administer treatment		
	At 1:00 PM on 03/02/23, in an inter completed to stage, describe, or m	view with RN #1, he confirmed that no easure the wounds.	weekly wound assessments were	
	A record review of the Order Summary Report with Active Orders As Of: 02/28/2023 revealed a Physician's Order dated 2/6/23 to Cleanse Right Outer Foot with NS/Wound cleanser, pat dry, apply betadine and cove with foam border dressing QOD (every other day) and PRN (as needed) one time every Mon (Monday), We (Wednesday), Fri (Friday) for Right foot.			
	A record review of the electronic Treatment Administration Record for 2/1/23 through 2/28/23 for Resident # revealed the treatment to the right outer foot had missed documentation for eight (8) administrations.			
	A record review of the Order Summary Report with Active Orders As Of: 02/28/2023 revealed a Physician's Order dated 2/6/23 to Cleanse Sacrum area with NS/Wound cleanser, pat dry, apply durifiber AG (silver) a cover with foam border dressing QD and PRN as needed for sacrum.			
	(continued on next page)			

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		Gulfport, MS 39501	
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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of the electronic Tr revealed Resident #7 had a total of Review of the medical record for R documentation for the month of Fel progression for any of his wounds. During an interview with Licensed Fon 02/23/23 at 10:30 AM, she state to provide care for the resident. At 3:15 PM on 02/23/23, in an inter residents' care plans and the purpoindividual needs. On 03/06/23 at 09:35 AM, during a is to provide a guide for each residented. The facility submitted the following Quality Assessment: On 2/21/2023, at 10:00am, an Ad For to review / develop / implement wo Nursing (DON), Maintenance Directinfection Control Preventionist (AD (HRD), Medical Director (MD) atter Guidelines. Areas discussed: Reed staff on wound identification, reedu Weekly Skin Integrity form, comple audit on admission / readmission, or	reatment Administration Record for 2/1/in factor of the sesident #7 revealed there were no week or or 2023 to include wound measured and that she expected staff members to the ses of the care plan is to provide each report of the care plan is to provide each report of the care and should be followed to present the care program. Attendees were Executed that the control of the care program. Attendees were Exector, Director of Rehabilitation (DOR), A ON / ICP), Business Office Manager (Executed to the care of the care of the care of the care of the care program attended to present the care program. Attendees were Exector, Director of Rehabilitation (DOR), A ON / ICP), Business Office Manager (Executed to the care of the	23 through 2/28/23 for Resident #7 or the wound to the sacrum. kly wound assessments or ments, characteristics, and a Set (MDS) and Care Plan Nurse, follow care plans for each resident expected all staff to follow the resident with care based on their I that the purpose of the care plan by the quality care the residents provement (QAPI) Committee met recutive Director (ED), Director of seistant Director of Nursing / BOM), Human Resources Director or occedures were: Skin and Wound gement / treatment, reeducation of ation to include Licensed Nurse completing and documenting body or ensure all wound are identified

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AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	255092	B. Wing	03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 2/23/2023, at 2:00pm, an Ad Hocreate Removal Plan for Immediate Comprehensive Care Plan, F 684 (DON, Maintenance Director, DOR, procedures were: Care Plan, Trans Change in condition which required made in the notification procedure reeducate all staff on notification to Maintenance director to check all be observed, bandage noted with blood reactions, Licensed Nurses to asser residents on anticoagulant therapy, nursing staff to follow care plan that revise if indicated residents transfer resident for signs and symptoms resident on anticoagulant. RCA determined the facility the floor, bandages not intact and serial resident on anticoagulant. RCA determined to resident on anticoagulant Anticoagulant Therapy related to resident on anticoagulant therapy. F 656, RCA determined the facility staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih i	oc QAPI Committee met to conduct Ro e Jeopardies received regarding F 656 Quality of Care and F 689 - Accidents / ADON / ICP, BOM, HRD, MD attender fer / Mobility Evaluation Low Lift, Antic of no changes. Reviewed policy and proto implement maintenance repair requer Maintenance or Administrator when be leds to ensure working properly, all started, bandage not intact and nurse to prosess residents for active bleeding and act, reeducate nursing staff for transferring treflects specific resident needs relater / mobility status, review and revise if	ot Cause Analysis (RCA) and -Develop / Implement Supervision. Attendees were ED, d by phone. A review of policy and oagulant Therapy, Notification of cedure Maintenance with changes est form. Topics discussed include: ed not working properly, if to notify nurse if blood is perly assess resident for adverse iddress any adverse outcomes for g resident in full body lift, reeducate d to full body lifts, review and indicated eMAR for assessing working bed with foot board not or education. All staff need mined the facility failed to prevent e to certified nurse assistant #1 pours knowing there was blood on after reporting the blood with in to all staff on notifying nurse of bleeding and address the care on 02/22/2023 at 2:30 PM on ressing the care related to resident care plan for a full body lift with two sident dangling midair in the lift out fied Nursing Assistant (CNA) #1

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Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	. 6652
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F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	QAPI Meeting dated February 21, 2 Immediate Jeopardies F 686 Treati and F 689 - Accidents / Supervision Attendees were: MD, ED, DON, Re Licensed Practical Nurse (LPN), M Nurse, Certified Nursing Assistant Plan of Care. Transfer / Mobility Ev condition which required no change the notification procedure to implen Continue education of staff regarding admission / readmission body audinew wound is identified, notifying recompleting treatments if wound car residents, completing Wound Weel indicated for residents with current reeducate certified nursing assistant revise if indicated schedule for Lice assistant task for residents to inclure pressure ulcers and / or at risk for pressure ulcers and / or at risk for properly fitting bed due to staff failly additional training on how to report possibility of injury by using full bot failure to follow facility lift policy. F 684, RCA determined the facility the floor, bandages not intact and serident on anticoagulant. RCA determined to resident on anticoagulant. RCA determined to resident on anticoagulant Therapy related to reon anticoagulant Therapy related to reon anticoagulant therapy. F 656, RCA determined the facility staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff members to prevent the likelih in the hallway with no other staff	Committee met to revise Performance 2023 conduct Root Cause Analysis (RC ment / Services to Prevent / Heal Press in and F 656 Development / Implement egional Director of Clinical Services (RC inimum Data Set Registered Nurse, Min (CNA). Policies and Procedures review reluation Low Lift, Anticoagulant Therapies. Reviewed policy and procedure Mainent maintenance repair request form. In maintenance repair request form. In wound management / treatment, context, completing Braden Scale assessment esident representative if new wound or remurse is not available, completing wounds or potential risk, review and uponts regarding notification to nurse if skintensed Nurse Weekly Skin Integrity Revide Turning and Repositioning every two pressure ulcers. If alled to properly identify an improper was one of notification and additional need for beds not properly working. RCA determined shall be a seturnated with blood, did not reassess a termined additional needs for education ed LPN #1 did not reassess for active let therapy and was educated by RN #1 did assessing for active bleeding and additional related to properly follow Resident #2's a cood of a serious outcome by having remembers around. RCA determined Certifocedure related to care plan and received the plant and pla	CA) and to create Removal Plan for sure Ulcers, F 684 Quality of Care Comprehensive Care Plan. CCS), ICP, BOM, Medical Records nimum Data Set Licensed Practical red: Skin and Wound Guidelines, by, Notification of Change in intenance with changes made in Areas discussed included: nitinue licensed nurse to complete at, notifying provider for treatment if change in wound is identified, rekly Skin Integrity Review on and update Wound Care Plan as odate wound orders as indicated, in concern is identified, review and itew and update certified nursing to (2) hours on residents with Working bed with foot board not be reducation. All staff need mined the facility failed to prevent the to certified nurse assistant #1 Dours knowing there was blood on after reporting the blood with no all staff on notifying nurse of bleeding and address the care on 02/22/2023 at 2:30 PM on ressing the care related to resident care plan for a full body lift with two sident dangling midair in the lift out fied Nursing Assistant (CNA) #1

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	Assessment			
	On 2/22/23 at 1:30 PM Registered Nurse Treatment Nurse assessed Resident #1 right lateral foot with findings of a skin flap. Resident #1's bandages were changed and treatment completed following physician orders on 02/22/2023 by RN Treatment Nurse.			
	On 02/22/2023 at 2:10 PM, Reside related to resident on anticoagulan	nt #1 was assessed by RN #1 for active therapy.	e bleeding and addressed the care	
	On 02/23/2023 at 2:10 PM, Reside negative outcomes.	nt #2 was assessed and a body audit v	vas completed by RN #2 with no	
	RN #1. Resident assessments were	3/2023 at 2:15 PM, a total of twenty-nine (29) residents were identified on anticoagulant therapy by Resident assessments were completed by RN #2, RN #3, and RN #4 for any active or new change in ns for residents on anticoagulant therapy. No residents at risk identified.		
		or completed audit of all beds for function to working and no issues with footboard are replaced.		
	On 2/23/2023, RN#10, completed needing full body lift transfer.	Fransfer / Mobility Status Criteria for for	rty-nine (49) residents identified as	
	unable to be assessed. Resident #	#4, Resident #5, and Resident #6 are of 4, Resident #5, and Resident #6 did noing the center and are still out of the cer	t have assessments completed	
	On 3/02/2023, RN#10 and LPN#2 reviewed Care Plans for seventeen (17) resident with skin concerns and sixty-one (61) residents at risk for skin concerns per the Braden Scale. Three (3) Care Plans were updated for residents with skin concerns.			
	On 3/2/2023, RN#1 completed Wound - Weekly Observation Tools for seventeen (17) residents with a total of thirty-five (35) wounds.			
	Education			
	(continued on next page)			

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	reassessing for active bleeding and On 02/23/2023 at 2:20 PM, RN #1 active bleeding and address the calcurrent licensed nurses or newly himself on 02/23/2023 at 2:25 PM, RN #1 bandage noted with blood, and bar outcomes. No current staff or newly on 02/23/2023 at 2:25 PM, RN #1 care plans to reflect specific reside hired licensed nurses will work with On 02/23/2023 at 2:30 PM, the ED identification of improper working be newly hired staff will work without to On 2/23/2023 at 2:30, RN #1 initiated members to assistance. No current aforementioned education. On 03/02/2023 at 6:00 PM, the ED treatment to include, admission/reaprovider for treatment if wound is ic available, ensure documentation is completing weekly skin checks. No the aforementioned education. On 03/02/203 at 6:05 PM, the ED/F nurse notification if a skin concern current CNA or newly hired CNA work on a skin concern current CNA or newly hired CNA work on a skin concern current CNA or newly hired CNA work of a skin concern current CNA or newly hired CNA work without the Corrective Action On 02/23/2023 at 12:30 PM, CNA arelated to not following facility polic for a full body lift with two staff men	/RN #1 initiated education to all staff re ed with foot board fitting the bed to pre he aforementioned education. ed education on mechanical lift transfer the increase admission body audit, completing Brade dentified, completing treatment as order completed on electronic treatment admission bedy audit, reatment and recurrent licensed nurses or newly hired and following chain of committees and following chain of committees are implemented for residents with the breakdown. No current MDS licensed are aforementioned education. #1, was removed from floor and correctly and procedures related to not proper inbers. hance Assistant changed out Resident.	o properly assess residents for idents on anticoagulant therapy. No ne aforementioned education. a nurse if blood is observed, a resident care for adverse mentioned education. uring to follow the comprehensive urrent licensed nurses or newly agarding notification and event injuries. No current staff or are and the need for two (2) staff aff will work without the a regarding wound identification and en scale assessment, notifying red if treatment nurse is not ministration record (eTAR), and al licensed nurses will work without Nurse Assistants (CNAs) regarding mand if nurse is unavailable. No ucation. tiated by the ED/RN #1 to ensure in current pressure ulcer wounds at nurses or newly hired MDS tive termination action by RN #1 by following Resident #2's care plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLU	NAME OF PROVIDER OR SUPPLIER		P CODE
Coastal Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	1 6052
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety	Quality rounds were performed on 02/23/2023 beginning at 2:15 PM by the Maintenance Director and Maintenance Assistant to ensure beds working properly and foot boards are properly fitting the bed. 124 beds were checked with two (2) beds identified with motor not working and no issue with foot board not fitting properly. Both beds replaced with properly working bed.		
Residents Affected - Some		m Data Set (MDS) Nurse completed a lans to reflect specific resident needs r	
	On 3/01/2023 at 11:30 AM, RN #7	completed skin audit on Resident #7 w	ith no new findings.
	Beginning on 2/23/2023 body audits initiated and completed on 3/02/2023 by 9:00 PM, by RN #2, RN #3, RN #4, RN #5, RN #6, RN #7, RN #8, and LPN #1, for current in house residents on census to determine stages of wounds. LPN #1 observed residents without identified skin concerns with instructions to notify RN if skin concerns identified. Results of the body audit identified an additional 3 residents with four (4) new wounds.		
	RN #8 updated CNA Task in the electronic medical record with turning and repositioning for current residents so CNAs can document turning and repositioning. RN #10 and LPN #2 reviewed care plans to ensure interventions are implemented for seventeen (17) residents with current pressure ulcers and sixty-one (61) residents who are at risk for skin breakdown.		
	RN # 1 reviewed treatment orders to ensure appropriate treatment. RN #10 and LPN #2 completed Braden scale on current in house residents. RN #1 completed wound assessment for current in house residents with identified wounds.		
	The State Agency (SA) validated the facility's Removal plan on 03/6/23.		
	Quality Assessment:		
	_	h record review of the meeting sign in s rance Performance Improvement (QAP	
	On 3/6/23, the SA validated through record review of the meeting sign in sheet and through staff interviews that the facility held a QAPI meeting on 2/23/2023 regarding care plans, anticoagulant therapy and assessments, mechanical lifts, maintenance requests related to equipment that doesn't work or does not fit the resident appropriately.		
	On 3/6/2023, the SA validated through record review of sign in sheets and staff interviews, the facility had a QAPI meeting on 3/2/23 regarding wound care including treatments, documentation, prevention, and assessments.		
	Assessment		
		h record review and interviews that RN dent #1 and completed the treatment pe	•
	(continued on next page)		
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			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, Z 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0656 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 3/6/23, the SA validated throug #1 for active bleeding on 2/22/23. On 3/6/23, the SA validate [TRUNG	h staff interview and record review that	t Resident #1 was assessed by RN

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's plan to correct this deficiency, please con		tact 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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Gulfport, MS 39501 me's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		eferences and goals. In the facility failed to promptly on anticoagulant medications of medications to thin the blood and esments, treatments, the residents reviewed for other skin an anticoagulant (medication group after a Licensed Practical Nurse were saturated with blood and ints on anticoagulant medications at an interest in the facility's of the facility's of the facility's of the facility's ments and assessments being the facility provided an acceptable emove the LJ were completed and the LJ was removed on the LJ Template dated 2/23/23 and distrator was notified of the LJ and end an acceptable Removal Plan on completed and the LJ removed on 3/3/23, prior to exit. Wered from a J to a D, while the stemic changes to ensure the revealed, Procedure Monitor the revealed, Procedure Monitor the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coastal Health and Rehabilitation		1530 Broad Ave Gulfport, MS 39501	. 6002
For information on the nursing home's plan to correct this deficiency, please co		tact 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)		on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of the facility's policy Skin a system for identifying risk, and imp prevention, and healing of pressure evaluated upon admission/re-admi evaluation and document in the me and report changes to nurse. Skin impairment(s)/new skin impairment physician/physician extender, resic Monitor residents' response to treat Resident #1 At 12:20 PM on 02/22/23, during an was approximately 12 inches short between the footboard and the becapproximately the size of a golf bal intact and both bandages were sat feet. Resident #1 reported that a he blood that had gotten on the floor fron him. On 02/22/23 at 12:30 PM, during an when she was on her medication pand loose, and that there was blooblood from the floor and Registered she did not follow up to check on the contract of the footboard off the fivere covered with blood, with one that the resident continued to have on 02/22/23 at 12:50 PM, during an earlier that morning that Resident explained she had noticed bloody a were loose and coming off his feet, that she had noticed earlier that morning that Resident factors and stated he had a laceration flap and stated he had a laceration flap	and Wound with a revision date 01/24/2 lementing resident centered intervention in interview and observation, Resident #1 If rame. There was an area of dried blo I. Resident #1 had wound bandages to urated with blood. He explained he had busekeeper came into his room earlier from his feet, but no one had come and in interview with Licensed Practical Nur ass around 8:00 AM, she noticed Resid on the floor. She explained she notified to Nurse (RN) #11 that the resident's he resident or to ensure the bandages we interview with Housekeeper #1, she explained he noticed blood the resident or to ensure the bandages we interview with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed blood the sident with Housekeeper #1, she explained she noticed the resident of the bandages hanging loosely on his	2021 revealed, Policy: To provide a ms to promote skin health, vention: 1. Resident's skin will be ecord. 2. Nurse to complete skin hide) to complete skin observations presence of skin changes in skin integrity to the lent in the medical record .4. 21 was lying in bed, the mattress is right foot was in the gap, wedged od on the side of the bed that was both feet that were loose, not if wounds to his heel and under his in the morning to clean up the looked at his bandages or checked see (LPN) #3, she explained that dent #1's bandages were bloody ed the housekeeper to clean the indages needed to be changed, but were changed. 23 Dained that at approximately 8:30 and on the floor. LPN #3 advised the blood. Housekeeper #1 stated had bandages to both feet that is foot. She said she told LPN #3 24 She was informed by LPN #3 25 Eful when going into his room. She ere were bloody bandages that loody bandages on his feet now lood on his floor. 26 assessed Resident #1's right foot entimeters (cm) x 3.0 cm. There

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Coastal Health and Rehabilitation Center		Gulfport, MS 39501		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	On 02/22/23 at 1:50 PM, during an interview with Resident #1, he explained he had cut his foot on the bed frame or the footboard, but he was unable to recall exactly when because he cannot feel his feet very much and he cannot tell if his feet are hurting. A record review of the Admission Record revealed the facility admitted Resident #1 on 11/01/2020 with diagnoses including Paroxysmal Atrial Fibrillation, Chronic Embolism and Thrombosis of Other Specified			
Residents Affected - Few	Veins, and Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/6/23, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated h was cognitively intact. Further review of Section M revealed Resident #1 received an anticoagulant medication.			
		nary Report with Active Orders As Of: 0 ame for Xarelto) 20 MG (Milligrams) one		
	On 02/23/23 at 09:40 AM, during an interview with the Assistant Director of Nursing (ADON), he reported I would expect a nurse who had observed a resident with bloody bandages to check for bleeding, stop the bleeding, and notify him, a supervisor, treatment nurse, and if needed, the Nurse Practitioner.			
	On 02/23/23 at 09:55 AM, during an interview with the Administrator, she explained that if a resident had blood on the floor and had bloody bandages, she would expect her staff to notify the resident's nurse and then the nurse notify the ADON or the Director of Nursing (DON) after changing the dressing or notifying the treatment nurse.			
	On 02/23/23 at 11:20 AM, during an interview with LPN #3, she stated the mattress has not fit the resident bed for a long time. She also said that on 02/22/23, she asked a CNA (couldn't recall which one) to tell the treatment nurse about the condition of Resident #1's bandages because she was busy on her medication pass. She reported she had seen the wound care nurse going down the hallway and thought she was goir to check on Resident #1 and that is why she never followed up regarding his bleeding. She confirmed Resident #1 is currently on Xarelto which is an anticoagulant medication. She confirmed that she should have addressed Resident #1's wound yesterday (02/22/23) morning and should have checked him for actibleeding since the bandages were saturated in blood and there was blood on the floor. At 03:15 PM on 02/23/23, during an interview with the Director of Nursing (DON), she stated she expects when a resident is seen to have bloody, loose bandages, the nurse who had knowledge would clean the wound and assess the resident for active bleeding, especially if resident is on anticoagulant medication. T physician or nurse practitioner should be notified, and the wounds rewrapped.			
	Resident #5			
	At 11:45 AM on 02/28/23, during an interview with CNA #15, she explained Resident #5 was in the hosp but she had provided care to Resident #5 while he was at the facility. She stated that he a bad wound or back side and there was a large amount of drainage and an odor. She said that she had reported to the ADON and the DON several times regarding the increased drainage and odor.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of Physician/Prescri revealed . Send resident to ER (empulled out foley catheter . Record review of Resident #5's Adithe diagnoses of Osteomyelitis, Se Encephalopathy, Acute Cystitis with Record review of .Admission/Readirevealed, .M. Skin . Right Knee (fro Right lower leg (front) scabbed overed approx. 6 mm x 3.5 mm .Sacruififth digit, forth digit red and open fr (Pressure/Non-pressure) and there Resident #5 Right Anterior Thigh Record review of the Order Recap Physician's Order dated 2/14/23 for time a day for ulcer . Record review of the Progress Note (WCNP), .Right, Anterior Thigh .Fu are 12.47cm length x 10.08cm width has a Mild odor. Wound bed has 76 Acetic Acid 0.25% .every day for 15 Review of the medical record reveal executed by the facility. Resident #5 Right Distal Foot Record review of the Order Recap no Physician's Orders for treatment Record review of the Progress Note (WCNP), .Right, Distal Foot .Full The Sacm length x 2.39cm width x 0.34 other day and prn . Review of the medical record reveal executed by the facility. Resident #5 Right Great Toe	ber Telephone Orders for Resident #5 hergency room) for eval (evaluation) & mission Record revealed the facility ad psis, Elevated [NAME] Blood Cell Count Hematuria, and Paraplegia. mitted Collection documentation form, but has open area lateral knee approx. If area approx. 6 mm x 2 mm at largest mean has large open area. Concerns on from burn. The document did not include were no measurements or wound charter Collagenase External Ointment. Apply app	dated 02/26/23 at 11:19 AM TX (Treatment) RE: Resident mitted resident on 02/14/23 with int, Unspecified, Metabolic dated 2/14/23, for Resident #5, (approximately) 17 mm x 10 mm. spot. Right ankle (outer) open areasteet.right toe (s) missing 1st and interpretation in the type of wounds in acteristics for the sacral wound. arough 2/28/23, revealed a sy to right thigh ulcer topically one by Wound Care Nurse Practitioner wound encounter measurements ount of green drainage noted which wound Orders. Pack wound with 23 by the WCNP were not arough 2/28/23, revealed there were any Wound Care Nurse Practitioner measurements are 4. See and the encounter mea

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
NAME OF PROVIDER OR SUPPLI		STREET ADDRESS SITY STATE 71	D CODE	
Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	PCODE	
For information on the nursing home's plan to correct this deficiency, please con		tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE (Each deficiency must be preceded by full reg			on)	
F 0684 Level of Harm - Immediate jeopardy to resident health or safety	Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP), .Right Great Toe .Full Thickness .Burn .Not Healed. Initial wound encounter measurements are 1. 95cm length x 1.43cm width .There is a small amount of sero-sanguineou drainage noted which has no odor. Wound bed has 51-75% granulation, 1-25% slough, 1-25% eschar .Wound Orders .Silver Alginate - Maxsorb or Durafiber every other day and prn .			
Residents Affected - Few	Review of the medical record revealed the wound care orders dated 2/17/23 by the WCNP were not executed by the facility.			
	Resident #5 Right Lateral Lower Le	eg		
	Record review of the Order Recap no Physician's Orders for treatmen	Report, with order dates from 2/1/23 th to the Right Lateral Leg.	arough 2/28/23, revealed there were	
	Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP), .Right, Lateral Lower Leg .Full Thickness Trauma Wound .Not Healed .4.85cm length x 2.61cm width x 0.1 cm depth .There is a Moderate amount of sero-sanguineous drainage noted which has no odor. Wound bed has 76-100% granulation, 1-25% slough .Wound Orders .Pack wound with Acetic Acid 0.25% . Every day for 15 days .			
	Review of the medical record reveal executed by the facility.	aled the wound care orders dated 2/17/	23 by the WCNP were not	
	Review of the medical record for Resident #5 revealed there were no weekly wound assessments or documentation for the month of February 2023 to include wound measurements, characteristics, and progression for any of his wounds. There was also no Braden Scale For Predicting Pressure Sore Risk Braden Scale (used to assess pressure ulcer risk factors) in the medical record for Resident #5.			
	On 02/28/23 at 12:20 PM, during a completed for Resident #5 upon ac	n interview with RN #1, he confirmed the dission.	nere had not been a Braden Scale	
	1	mission MDS with an ARD of 2/21/23 r s cognitively intact. Section G revealed ransfers.		
	On 2/28/23 at 3:10 PM, during an interview with Resident #5 at an acute care hospital, he stated that he did not believe his wounds were treated consistently. While at the facility, he noticed his wounds were draining more than usual and the nurses at the facility complained the drainage from the wounds smelled like urine, but no one ever did anything about it.			
	On 03/01/23 at 1:30 PM, during an interview with the RN #1, he confirmed the facility did not execute wour care orders from the WCNP as listed on her progress notes on 2/17/23. He also confirmed there were no active Physician Orders for Resident #5 for the Stage 4 Pressure Ulcer to the sacrum from 02/22/23 throug 02/26/23. He expected nurses to complete wound care as ordered and to notify him and document any resident refusals for treatment. RN #1 verified that Resident #5 had no weekly wound assessments or weekly skin evaluations completed from the date of admission (2/14/23) through the date he was admitted an acute care hospital (2/26/23).			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
	Coastal Health and Rehabilitation Center		. 6052
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	03/02/23 at 03:40 PM, during a phone interview with the facility's WCNP, she stated that she had written wound care orders for Resident #5 on the day she assessed him. She expected the wound care orders to be carried out and wound care to be provided as ordered. The facility submitted the following acceptable Removal Plan on 03/4/23: Quality Assessment:		
	to review / develop / implement wo Nursing (DON), Maintenance Direct Infection Control Preventionist (AD (HRD), Medical Director (MD) atter Guidelines. Areas discussed: Reect staff on wound identification, reedut Weekly Skin Integrity form, comple audit on admission / readmission, and treatment in place, reeducate of the comprehensive Care Plan, F 684 CDON, Maintenance Director, DOR, procedures were: Care Plan, Transt Change in condition which required made in the notification procedure reeducate all staff on notification to Maintenance director to check all be observed, bandage noted with bloom reactions, Licensed Nurses to asseresidents on anticoagulant therapy nursing staff to follow care plan that revise if indicated residents transferesident for signs and symptoms residents on anticoagulant the facility properly fitting bed due to staff failund ditional training on how to report	Hoc Quality Assurance Performance Imund care program. Attendees were Exector, Director of Rehabilitation (DOR), A ON / ICP), Business Office Manager (Ended by phone. A review of policy and plucation of staff regarding wound manacate nursing staff on wound documentating Weekly Wound Observation Tool, one hundred (100) percent skin audits the certified nursing assistant on notifying received regarding F 656 Quality of Care and F 689 - Accidents / ADON / ICP, BOM, HRD, MD attended for / Mobility Evaluation Low Lift, Antical to changes. Reviewed policy and proto to implement maintenance repair request Maintenance or Administrator when be ded to ensure working properly, all staff do, bandage not intact and nurse to prosess residents for active bleeding and additional needs related the repair of the properly identify an improper was garding anticoagulant therapy. If alled to properly identify an improper was properly working. RCA determined the properly working.	ecutive Director (ED), Director of assistant Director of Nursing / BOM), Human Resources Director procedures were: Skin and Wound agement / treatment, reeducation of ation to include Licensed Nurse completing and documenting body to ensure all wound are identified aturse if skin concern is identified. To Cause Analysis (RCA) and -Develop / Implement Supervision. Attendees were ED, d by phone. A review of policy and to agulant Therapy, Notification of cedure Maintenance with changes test form. Topics discussed include: ted not working properly, for to notify nurse if blood is perly assess resident for adverse ladress any adverse outcomes for gresident in full body lift, reeducated to full body lifts, review and noticated eMAR for assessing

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	F 684, RCA determined the facility the floor, bandages not intact and s resident on anticoagulant. RCA determined to resident on anticoagulant anticoagulant Therapy related to resonanticoagulant Therapy related to resonanticoagulant Therapy. F 656, RCA determined the facility staff members to prevent the likelih in the hallway with no other staff m failed to follow facility policy and pron 02/23/2023 at 12:30 PM. On 3/2/2023, at 5:30pm, the QAPI QAPI Meeting dated February 21, Immediate Jeopardies F 686 Treat and F 689 - Accidents / Supervision Attendees were: MD, ED, DON, Re Licensed Practical Nurse (LPN), M Nurse, Certified Nursing Assistant Plan of Care. Transfer / Mobility Evcondition which required no change the notification procedure to impler Continue education of staff regardi admission / readmission body audi new wound is identified, notifying recompleting treatments if wound car residents, completing Wound Weel indicated for residents with current reducate certified nursing assistant revise if indicated schedule for Lice assistant task for residents to inclupressure ulcers and / or at risk for properly fitting bed due to staff failuadditional training on how to report	failed to assess Resident #1 for four had be a completed by the arrow of a complete method of the arrow of th	cours knowing there was blood on after reporting the blood with in to all staff on notifying nurse of bleeding and address the care on 02/22/2023 at 2:30 PM on ressing the care related to resident care plan for a full body lift with two sident dangling midair in the lift out fied Nursing Assistant (CNA) #1 yed a corrective termination action Improvement Plan for Ad Hoc CA) and to create Removal Plan for sure Ulcers, F 684 Quality of Care Comprehensive Care Plan. DCS), ICP, BOM, Medical Records nimum Data Set Licensed Practical red: Skin and Wound Guidelines, by, Notification of Change in intenance with changes made in Areas discussed included: Intinue licensed nurse to complete and intended in wound is identified, eachly Skin Integrity Review on wand update Wound Care Plan as obate wound orders as indicated, in concern is identified, review and item and update certified nursing to (2) hours on residents with

			NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few				
	related to resident on anticoagulan On 02/23/2023 at 2:10 PM, Reside	ont #1 was assessed by RN #1 for activent therapy. Int #2 was assessed and a body audit went went went went went went went wen	•	
	negative outcomes. On 02/23/2023 at 2:15 PM, a total of twenty-nine (29) residents were identified on anticoagulant therapy RN #1. Resident assessments were completed by RN #2, RN #3, and RN #4 for any active or new chan conditions for residents on anticoagulant therapy. No residents at risk identified.			
	On 2/23/2023, Maintenance Director completed audit of all beds for functionality. 124 beds were checked with two (2) identified with motor not working and no issues with footboard not fitting properly. Both beds identified with motor not working were replaced.			
	needing full body lift transfer.	Transfer / Mobility Status Criteria for for	rty-nine (49) residents identified as	
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coastal Health and Rehabilitation Center		1530 Broad Ave Gulfport, MS 39501	. 6002
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 3/02/203 at 10:00 AM, Resident unable to be assessed. Resident # related to a skin audit prior to leaving the control of th	#4, Resident #5, and Resident #6 are of 4, Resident #5, and Resident #6 did not any the center and are still out of the center reviewed Care Plans for seventeen (17 skin concerns per the Braden Scale. The und - Weekly Observation Tools for seventeed addressing the care related to resider initiated education to LPN #1 on Anticold addressing the care related to resider initiated education to licensed nurses the property address	currently not in the center and at have assessments completed inter as of 03/03/2023. I) resident with skin concerns and ree (3) Care Plans were updated eventeen (17) residents with a total augulant Therapy related to int on anticoagulant therapy. In properly assess residents for dents on anticoagulant therapy. No be aforementioned education. In nurse if blood is observed, a resident care for adverse inentioned education. In regarding to follow the comprehensive interest incensed nurses or newly garding notification and event injuries. No current staff or its and the need for two (2) staff aff will work without the regarding wound identification and en scale assessment, notifying red if treatment nurse is not ininistration record (eTAR), and licensed nurses will work without Nurse Assistants (CNAs) regarding
	nurse notification if a skin concern is identified and following chain of command if nurse is unat current CNA or newly hired CNA will work without the aforementioned education. (continued on next page)		

			No. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, Z	IP CODE
Coustal Floatill and Floridsmatter	Conto	Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0684 Level of Harm - Immediate jeopardy to resident health or safety	On 3/02/2023 at 6:10 PM, education with MDS RN and MDS LPN was initiated by the ED/RN #1 to ensure comprehensive care plan interventions are implemented for residents with current pressure ulcer wounds and resident who are at risk for skin breakdown. No current MDS licensed nurses or newly hired MDS licensed nurses will work without the aforementioned education.		
Residents Affected - Few	Corrective Action On 02/23/2023 at 12:30 PM, CNA #1, was removed from floor and corrective termination action by RN #1 related to not following facility policy and procedures related to not properly following Resident #2's care pl for a full body lift with two staff members. On 2/22/23 at 2:00 PM, the Maintenance Assistant changed out Resident #1's bed to ensure the resident was in a working bed to prevent a hazard to the resident's feet.		
	Quality rounds were performed on 02/23/2023 beginning at 2:15 PM by the Maintenance Director and Maintenance Assistant to ensure beds working properly and foot boards are properly fitting the bed. 124 beds were checked with two (2) beds identified with motor not working and no issue with foot board not fitting properly. Both beds replaced with properly working bed.		
		ım Data Set (MDS) Nurse completed a ılans to reflect specific resident needs ı	
	On 3/01/2023 at 11:30 AM, RN #7	completed skin audit on Resident #7 w	rith no new findings.
	Beginning on 2/23/2023 body audits initiated and completed on 3/02/2023 by 9:00 PM, by RN #2, RN #3, #4, RN #5, RN #6, RN #7, RN #8, and LPN #1, for current in house residents on census to determine stag of wounds. LPN #1 observed residents without identified skin concerns with instructions to notify RN if skir concerns identified. Results of the body audit identified an additional 3 residents with four (4) new wounds		
	RN #8 updated CNA Task in the el so CNAs can document turning and	ectronic medical record with turning ar d repositioning.	d repositioning for current residents
		plans to ensure interventions are implers and sixty-one (61) residents who a	
	RN # 1 reviewed treatment orders	to ensure appropriate treatment	
	RN #10 and LPN #2 completed Bra	aden scale on current in house residen	ts
		ent for current in house residents with i	dentified wounds.
	(continued on next page)		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's p	plan to correct this deficiency, please con	tact 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)		ion)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The State Agency (SA) validated the	e facility's Removal plan on 03/ [TRUN	NCATED

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Provide appropriate pressure ulcer **NOTE- TERMS IN BRACKETS IN Based on observation, interview, re residents were assessed and routing documentation related to PUs were 4, Resident #5, Resident #6, and Re The facility's failure to provide routing documentation put Resident #4, Re at risk for skin breakdown at risk for The situation was determined to be treatment nurse resigned and was inconsistently performed and documentatily performed and documentatily provided an acceptable Renthe IJ was completed and the IJ renthe SA validated the Removal Plan Therefore, the scope and severity while the facility develops a plan of the facility sustains compliance with Findings include: A record review of the facility's poliprovide a system for identifying risk health, prevention, and healing of pwill be evaluated upon admission/residents and report changes to impairment(s)/new skin impairment physician/physician extender, resid Monitor residents' response to treat Resident #4 Record review of the Admission Re	care and prevent new ulcers from deviative BEEN EDITED TO PROTECT Concord review, and facility policy review, ne and consistent Pressure Ulcer (PU) excompleted for four (4) of five (5) residesident #7). The and consistent wound care, wound esident #5, Resident #6, and Resident reserious harm, injury, impairment, or concording the property of the provide and ID Temphoval Plan on 3/4/23, in which they alle moved on 3/3/23. The on 3/6/23 and determined the IJ was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements. The provide ID Temphoval Plan on 3/6/23 and determined the ID was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements. The provide ID Temphoval Plan on 3/6/23 and determined the ID was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements. The provide ID Temphoval Plan on 3/6/23 and determined the ID was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements. The provide ID Temphoval Plan on 3/6/23 and determined the ID was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements. The provide ID Temphoval Plan on 3/6/23 and determined the ID was for CFR 483.25 (b) (1) Pressure Ulcers for correction to monitor the effectiveness in regulatory requirements.	eloping. ONFIDENTIALITY** 43283 the facility failed to ensure care, assessments, and ents reviewed for PUs. (Resident # assessments, and wound #7 and all other residents who are leath. In on 2/7/23 when the facility's ats and wound assessments being late on 3/2/23 at 5:10 PM. The reged all corrective action to remove removed on 3/3/23, prior to exit. was lowered from a K to an E, of the systemic changes to ensure a 01/24/2021 revealed, Policy: To interventions to promote skin cury Prevention: 1. Resident's skin redical record. 2. Nurse to complete rise Aide) to complete skin 1. Document presence of skin changes in skin integrity to the ment in the medical record .4.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		A. Building	03/06/2023	
	255092	B. Wing	03/00/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Coastal Health and Rehabilitation (Center	1530 Broad Ave		
Gulfport, MS 39501				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 informati	on)	
F 0686	At 10:00 AM on 02/28/23, during ar	n interview with CNA #13, she reported	Resident #4 would sometimes	
Level of Harm - Immediate		ng him, but she was unable to recall ex esident #4 would request that his woun		
jeopardy to resident health or safety		resident had a bad wound to his buttoo		
Residents Affected - Some	On 02/28/23 at 10:20 AM, during a	n interview with Licensed Practical Nur	se (LPN) #9, she explained	
		h but could make his needs known. He ained that the facility was not completing		
	expected.	amod that the lability was not complete	ng mo wedna eare daily as no	
	Resident #4 Sacrum			
	Record review of the Order Summa	ary Report with Active Orders As Of 02	/28/2023 revealed Resident # 4	
	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 11/17/22 for Acetic Acid Solution o.25% Apply to sacrum topically every dashift for sacrum.			
		reatment Administration Record for 2/1/		
		om topically every day shift for sacrum v /23, 2/8/23, 2/9/23, 2/10/23, 2/11/23, 2/		
	2/16/23, 2/17/23, 2/18/23, 2/19/23, missed wound treatments.	2/20/23, 2/21/23, 2/22/23, 2/23/23, and	d 2/24/23, which was a total of 20	
		ary Report with Active Orders As Of 02		
	Skin sub x 2. cover with zeroform a	30/22 to Cleanse Sacrum with NS/Woul and border dressing leave on for 7 days one time a day and as needed for sacr	s. If border dressing comes loose,	
	A record review of the electronic Tr	reatment Administration Record for 2/1/	/23 through 2/28/23 revealed,	
		cleanser, pat dry, Apply Puraply Skin su s. If border dressing comes loose, chan		
	time a day and as needed for sacru	um was not documented as administere	ed on 2/3/23, 2/4/23, 2/5/23, 2/8/23,	
		2/13/23, 2/14/23, 2/15/23, 2/16/23, 2/17 ch was a total of 19 missed wound trea		
	Review of the medical record revea	aled there were no weekly wound asses	ssments or documentation for the	
		wound measurements, characteristics,		
		Application for Resident #4 with date a		
	revealed . Sacrum size (cm) LxWxD (length x width c depth) 5.3 x 5 x 1.6 cm Type: Pressure Injury . Stage IV Pressure Injury Full Thickness damage extends to muscle, bone, and/or tendon .			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	255092	A. Building	03/06/2023	
	200002	B. Wing		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Coastal Health and Rehabilitation	Center	1530 Broad Ave Gulfport, MS 39501		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 informati	on)	
F 0686		of Wound Care) for Resident #4 with da		
Level of Harm - Immediate		/. HPI (history personal information) Fo eted IV (intravenous) antibiotics. Has ha		
jeopardy to resident health or safety	weeks. This has greatly lessoned,	improved, adequate diet, small area of ly. Wound status: Improved Pain: mild/	bruising at wound base,	
Residents Affected - Some		Details for Resident #4 dated 02/08/202		
		ound Assessment (s) Wound #1 Sacral status of Not Healed. Subsequent wou		
		cm depth, with an area of 11.035 sq (sed at 3:00 with a maximum distance of 2		
	amount of serosanguineous draina	ge noted which has no odor. Wound be		
	slough. The wound is improving.			
	Resident #4 Left Lateral Ankle			
	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 12/21/22 to Cleanse left lateral ankle with NS (normal saline)/Wound cleanser, pat dry, apply dura-fiber AG (silver), cover with silicone foam border dressing Monday, Wednesday, Friday and PRN (as needed) for left lateral ankle.			
	A record review of the electronic Tr	reatment Administration Record for 2/1/	/23 through 2/28/23 revealed,	
	Cleanse left lateral ankle with NS/Wound cleanser, pat dry, apply durafiber AG, cover with silicon foam border dressing Monday, Wednesday, Friday and PRN one time a day . was not documented as administered at 9:00 AM on 2/3/23, 2/8/23, 2/10/23, 2/13/23, 2/15/23, 2/17/23, 2/20/23, 2/22/23, and 2/24/23, which was a total of 9 missed administrations.			
	Resident #4 Right Dorsal Foot			
	had a Physician's Order dated 12/2	ary Report with Active Orders As Of 02 22/22 to Cleanse right dorsal foot with N oam border dressing Monday, Wednes	NS/Wound cleanser, pat dry, apply	
	A record review of the electronic Treatment Administration Record for 2/1/23 through 2/28/23 re Cleanse right dorsal foot with NS/Wound cleanser, pat dry, apply dura-fiber AG, cover with silico border dressing Monday, Wednesday, Friday, and PRN was not documented as administered a 2/3/23, 2/8/23, 2/10/23, 2/13/23, 2/15/23, 2/17/23, 2/20/23, 2/22/23, and 2/24/23, which was a to missed administrations.			
	Resident #4 Right Heel			
	Record review of the Order Summary Report with Active Orders As Of 02/28/2023 revealed Resident # 4 had a Physician's Order dated 12/21/22 to Cleanse Right Heel with NS/Wound Cleanser, pat dry, apply durafiber AG, cover with silicone foam border dressing Monday, Wednesday, Friday and PRN as needed Right Heel deep tissue injury.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED		
	255092	B. Wing	03/06/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Coastal Health and Rehabilitation	Center	1530 Broad Ave Gulfport, MS 39501			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety	A record review of the electronic Treatment Administration Record for 2/1/23 through 2/28/23 revealed, Cleanse Right Heel with NS/Wound Cleanser, pat dry, apply durafiber AG, cover with silicone foam border dressing Monday, Wednesday, Friday and PRN as needed for Right Heel deep tissue injury was not documented as administered at 9:00 AM on 2/3/23, 2/8/23, 2/10/23, 2/13/23, 2/15/23, 2/17/23, 2/20/23, 2/22/23, and 2/24/23, which was a total of 9 missed administrations.				
Residents Affected - Some	Resident #4 Right Second Toe				
	had a Physician's Order dated 1/2/	ary Report with Active Orders As Of 02 23 to Cleanse wound to Right second [*] ssing Every Monday, Wednesday, Frida	Toe with NS/Wound Cleanser, pat		
	A record review of the electronic Treatment Administration Record for 2/1/23 through 2/28/23 revealed, Cleanse wound to Right second Toe with NS/Wound Cleanser, pat dry, apply zeroform cover with dress Every Monday, Wednesday, Friday one time a day . was not documented as administered at 9:00 AM o 2/3/23, 2/8/23, 2/10/23, 2/13/23, 2/15/23, 2/17/23, 2/20/23, 2/22/23, and 2/24/23, which was a total of 9 missed administrations.				
	Record review of the Quarterly Braden Scale For Predicting Pressure Sore Risk for Resident #4, dated 11/14/2022 revealed he had scored an 11 which placed him in the High Risk category for developing pressure ulcer.				
	Record review of Progress Notes for Resident #4 with effective date 2/24/23 at 9:10 PM revealed Resident transferred to ER (emergency room) by (Proper name of ambulance service). Resident was bleeding from catheter site.				
		riber Telephone Orders for Resident #ergency room) for eval (evaluation) and			
		esident #4 revealed there were no wee bruary 2023 to include wound measure			
	At 12:30 PM on 02/28/23, during an interview with the Administrator, she explained to Nursing (DON) continued to work a medication cart on the night shift and RN #1 was with the survey. The Assistant Director of Nursing (ADON) had resigned and his last 02/24/23. She explained the Quality Assurance Performance Improvement (QAPI) in was concerning the facility's wound process including weekly wound reports, weekly and anything dealing with the wound process. She reported the current DON was re the weekly wound reports and the LPNs on the medication carts were responsible for the DON oversaw making sure the skin audits were completed.				
	During an interview at 4:00 PM on 02/28/23, with RN #13 (Acute Hospital Nurse), she explained Resident #4 was currently a patient in the acute hospital and was admitted with wounds to his sacrum and feet.				
	(continued on next page)				
	1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	255092	B. Wing	03/06/2023	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE	
Coastal Health and Rehabilitation	Center	1530 Broad Ave Gulfport, MS 39501		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or	On 2/28/23 at 4:05 PM, during an interview with Social Worker (SW) #1 (Acute Hospital Social Worker), she explained Resident #4 does not want to go back to the facility and had asked to be placed somewhere else Resident #4 told her he was not getting wound care and was not getting turned.			
safety Residents Affected - Some	with air pressure devices on both lo facility and he did not want to return was unable turn himself completely	observation and interview with Resident ower legs and feet. He stated that he wan. He said that the staff did not turn him over because he was paralyzed from the in his wheelchair even after he had be for two (2) weeks.	as afraid he was going to die in the n, especially the night shift, and he the waist down. He complained	
	Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Data 02/10/2023 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 14 he was cognitively intact. Section G revealed he required extensive two-person assistance for and was totally dependent upon two staff members to assist with transfers.			
	At 04:30 PM on 02/28/23, during a complained that he was not getting	phone call with Resident #4's interpretowound care at the nursing home.	er, he explained Resident #4 had	
	On 03/01/23 at 10:00 AM, during an interview with RN #1, he confirmed the last Braden Scale For Predicting Pressure Sore Risk for Resident #4 was completed on 11/14/2022 and that the Braden Scale should be completed on admission, re-admission, quarterly, and with a significant change resident assessment.			
	Observation Tool to document mea	interview with RN #1, he explained the surements and characteristics of resid pleted weekly. He confirmed that Residor the month of February 2023.	ent wounds, including pressure	
	Resident #5			
	At 11:45 AM on 02/28/23, during an interview with CNA #15, she explained Resident #5 was ir but she had provided care to Resident #5 while he was at the facility. She stated that he a bad back side and there was a large amount of drainage and an odor. She said that she had report ADON and the DON several times regarding the increased drainage and odor.			
	ber Telephone Orders for Resident #5 nergency room) for eval (evaluation) &			
	Record review of Resident #5's Admission Record revealed the facility admitted resident on 02/1 the diagnoses of Osteomyelitis, Sepsis, Elevated [NAME] Blood Cell Count, Unspecified, Metabo Encephalopathy, Acute Cystitis with Hematuria, and Paraplegia.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ 255092 NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Guilfport, MS 39501 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X2) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) FO 886 FO 886 Residents Affected - Some Residents Affected				NO. 0936-0391
Coastal Health and Rehabilitation Center 1530 Broad Ave 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. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Record review of .Admission/Readmitted Collection documentation form, dated 2/14/23, for Resident #5, revealed, M. Skin. Right Knee (front) has open area lateral knee approx. (approximately) 17 mm x 10 mm Right lower leg (front) scabbed over area approx. 6 mm x 2 mm at largest spot. Right knee (equilibrium) and serve an experiment of the control of t		IDENTIFICATION NUMBER:	A. Building	COMPLETED
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Record review of .Admission/Readmitted Collection documentation form, dated 2/14/23, for Resident #5. revealed, .M. Skin. Right Knee (front) has open area lateral knee approx. (approximately) 17 mm x 10 mm Right lower leg (front) scabbed over area approx. 6 mm x 2 mm at largest spot. Right ankle (outer) open an real after area approx. 6 mm x 2 mm at largest spot. Right ankle (outer) open an real experiments of the right to experiments of the dight red and open from burn. The document did not include the type of wounds (Pressure/Non-pressure) and there were no measurements or wound characteristics for the sacral wound. Residents Affected - Some Record review of the Order Recap Report, with order dates from 2/1/23 through 2/28/23, revealed there we no Physician's Orders for treatment to the Right Anterior Lower Leg. Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP). Right, Anterior Lower Leg. Pressure Ulcer .Not Healed. Initial wound encounter measurements are 3.87 cm length x 2.47cm width x 0.17 cm depth. There is a small amount of sero-sanguineous drainage noted which has no odr. Wound be has 26-50% slough, 26-50% eschar. The WCNP did not indicate any new orders for the right anterior lower leg. Resident #5 Sacrum Record review of the Order Recap Report, with order dates from 2/1/23 through 2/28/23, revealed a Physician's Order dated 2/14/23 for Povidone-Iodine External Solution 10%. Apply to sacrum topically one time a day for wound for 7 days. There were no Physician Orders to treat the sacral wound from the time the order was completed (2/22/23) untill Resident #5 was transferred to the hospital on 2/26/23, which was four days. Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP). Sacral is a Stage 4 Pressure Injury Pressure Ulcer. Not Healed. Initia			1530 Broad Ave	P CODE
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Resi	For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey	agency.
revealed, M. Skin. Right Knee (front) has open area lateral knee approx. (approximately) 17 mm x 10 mm right lower leg (front) scabbed over area approx. 6 mm x 2 mm at largest spot. Right ankle (outer) open area dapprox. 6 mm x 3.5 mm Sacrum has large open area. Concerns on Feet. right toe (s) missing 1st and 1fth digit, orth digit red and open from burn. The document did not include the type of wounds (Pressure/Non-pressure) and there were no measurements or wound characteristics for the sacral wound. Resident #5 Right Anterior Lower Leg Record review of the Order Recap Report, with order dates from 2/1/23 through 2/28/23, revealed there we no Physician's Orders for treatment to the Right Anterior Lower Leg. Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP), Right. Anterior Lower Leg Pressure Ucler. Not Healed. Initial wound encounter measurements ar 3.87 cm length x 2.47cm width x 0.17 cm depth. There is a small amount of sero-sanguineous drainage noted which has no odor. Wound bed has 26-50% slough, 26-30% eschar. The WCNP did not indicate an new orders for the right anterior lower leg. Resident #5 Sacrum Record review of the Order Recap Report, with order dates from 2/1/23 through 2/28/23, revealed a Physician's Order dated 2/14/23 for Povidone-Iodine External Solution 10%. Apply to sacrum topically one time a day for wound for 7 days. There were no Physician Order Secral wound from the time the order was completed (2/22/23) until Resident #5 was transferred to the hospital on 2/26/23, which was four days. Record review of the Progress Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner (WCNP), Sacral is a Stage 4 Pressure Injury Pressure Ulcer. Not Healed. Initial wound encounter measurements are 18.08cm length x 33.76cm width x 6.82 cm depth. Muscle and bone are exposed. There is a Large amount of green drainage noted which as a Strong odor. Wound bed has 51-75% granulation, 26-50% slough. Wound Orders. Pack wound with	(X4) ID PREFIX TAG			
width x 0.27 cm depth .Wound Orders .Pack wound with Acetic Acid 0.25% .Every day for 15 days . (continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	revealed, .M. Skin . Right Knee (fro Right lower leg (front) scabbed overed approx. 6 mm x 3.5 mm .Sacru fifth digit, forth digit red and open fr (Pressure/Non-pressure) and there Resident #5 Right Anterior Lower Leganno Physician's Orders for treatmen Record review of the Progress Not (WCNP), Right, Anterior Lower Leganno Physician's Orders for treatmen Record review of the Progress Not (WCNP), Right, Anterior Lower Leganno Physician's Order dated 2/14/23 for time a day for wound for 7 days. The order was completed (2/22/23) untidays. Record review of the Progress Not (WCNP), .Sacral is a Stage 4 Presence and the progress of the medical record review of the Record review of the Progress Not (WCNP), .Sacral is a Stage 4 Presence as a large amount of green drainage 26-50% slough .Wound Orders .Pareview of the medical record reveaux executed by the facility. Resident #5 Right Lateral Hip Record review of the Order Recape Physician's Order dated 2/14/23 for topically three times a day for infection bedtime. Cleanse with soap and we record review of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Nound Order Record review of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Nound Order Record review of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Nound Order Record review of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Nound Order Record review of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (WCNP), .Right, Lateral Hip is a Preview of the Progress Not (ant) has open area lateral knee approximate area approx. 6 mm x 2 mm at largest m has large open area. Concerns on from burn. The document did not include were no measurements or wound charter were no measurements or wound charter to the Right Anterior Lower Leg. Report, with order dates from 2/1/23 that to the Right Anterior Lower Leg. Res Details, dated 2/17/23, completed by Pressure Ulcer. Not Healed. Initial with 17 cm depth. There is a small amount ed has 26-50% slough, 26-50% escharter leg. Report, with order dates from 2/1/23 that revidence holding external Solution 10 here were no Physician Orders to treat I Resident #5 was transferred to the hold es Details, dated 2/17/23, completed by sure Injury Pressure Ulcer. Not Healed x 33.76cm width x 5.82 cm depth. Muster Injury Pressure Ulcer. Not Healed are noted which as a Strong odor. Wourned wound with Acetic Acid 0.25%. Everalled the wound care orders dated 2/17/23 that report, with order dates from 2/1/23 that report dates from	(approximately) 17 mm x 10 mm . spot .Right ankle (outer) open area feet .right toe (s) missing 1st and e the type of wounds racteristics for the sacral wound. Trough 2/28/23, revealed there were by Wound Care Nurse Practitioner bund encounter measurements are of sero-sanguineous drainage r . The WCNP did not indicate any mound and the sacral wound from the time the sacral wound from the time the spital on 2/26/23, which was four y Wound Care Nurse Practitioner . Initial wound encounter scle and bone are exposed. There are do bed has 51-75% granulation, my day for 15 days . Table 15 days . Table 2/28/23, revealed a man to the sacral wound from the time the spital on 2/26/23, which was four the sacral wound encounter scle and bone are exposed. There are the down the sacral wound from the sacral wound from the sacral wound encounter scle and bone are exposed. There are the sacral wound encounter scle and bone are exposed. There are sacral wound from the sacral wound from the sacral wound from the sacral wound encounter scle and bone are exposed. There are the sacral wound from the s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
	-	STREET ADDRESS, CITY, STATE, ZI		
	NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of the medical record reveal executed by the facility. Resident #5 Right Posterior Thigh Record review of the Order Recap Physician's Order dated 2/14/23 fo topically three times a day for infect bedtime. Cleanse with soap and with Record review of the Progress Not (WCNP), revealed .Right, Posterior x 2.28cm width x 0.42 cm depth .W. Review of the medical record reveal executed by the facility. Resident #5 Posterior Scrotum Record review of the Order Recap Physician's Order dated 2/14/23 fo topically three times a day for infect bedtime. Cleanse with soap and with Record review of the Progress Not (WCNP), revealed, .Posterior Scroencounter measurements are 6.16 drainage noted which as a Strong of Orders .Pack wound with Acetic Active Progress and Pack and	Thigh Recap Report, with order dates from 2/1/23 through 2/28/23, revealed a 8/23 for Menthol-Zinc Oxide External Ointment .Apply to penis, scrotum, hip/thigh or infection. Apply 1 g (gram) topically in the morning, 1 g at noon, and 1 g before and water, pat dry, apply to penis, scrotum and redness on hip/thigh. Ses Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner osterior Thigh is a Pressure Ulcer .Not Healed. Measurements are 1.86cm length pth .Wound Orders .Pack wound with Acetic Acid 0.25% .Every day for 15 days of revealed the wound care orders dated 2/17/23 by the WCNP were not always for Menthol-Zinc Oxide External Ointment .Apply to penis, scrotum, hip/thigh or infection. Apply 1 g (gram) topically in the morning, 1 g at noon, and 1 g before and water, pat dry, apply to penis, scrotum and redness on hip/thigh. Ses Notes Details, dated 2/17/23, completed by Wound Care Nurse Practitioner or Scrotum is a Stage 4 Pressure Injury Pressure Ulcer .Not Healed. Initial wound e 6.16cm x 5.15cm width x 0.51 cm depth .There is a Large amount of green trong odor. Wound bed has 76-100% granulation, 51-75% slough .Wound		
	executed by the facility. Record review of the Order Recap Physician's Order dated 2/14/23 fo times a day for skin disinfection. The Review of the electronic TAR reveas Solution .Apply to wound topically for the 9:00 AM treatment on 2/16/2	Report, with order dates from 2/1/23 the Sodium Hypochlorite External Solution and Francisco and Fra	arough 2/28/23, revealed a in .Apply to wound topically two ation to apply the solution. d Sodium Hypochlorite External is not documented as administered 2/23/23, 2/24/23, 2/25/23 and for	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	255092	B. Wing	03/06/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Coastal Health and Rehabilitation Center 1530 Broad Ave Gulfport, MS 39501				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety	Review of the medical record for Resident #5 revealed there were no weekly wound assessments or documentation for the month of February 2023 to include wound measurements, characteristics, and progression for any of his wounds. There was also no Braden Scale For Predicting Pressure Sore Risk Braden Scale (used to assess pressure ulcer risk factors) in the medical record for Resident #5.			
Residents Affected - Some	On 02/28/23 at 12:20 PM, during a completed for Resident #5 upon ac	n interview with RN #1, he confirmed th Imission.	nere had not been a Braden Scale	
	Record review of Resident #5's Admission MDS with an ARD of 2/21/23 revealed Resident #5 had a BIM score of 15, which indicated he was cognitively intact. Section G revealed he needed extensive assistant with two staff for bed mobility and transfers. On 2/28/23 at 3:10 PM, during an interview with Resident #5 at an acute care hospital, he stated that he not believe his wounds were treated consistently and while at the facility, he noticed his wound was drain more than usual and the nurses at the facility complained the drainage from the wound smelled like urine but no one ever did anything about it. On 3/01/23 at 1:30 PM, during an interview with the RN #1, he confirmed the facility did not execute wou care orders from the WCNP as listed on her progress notes on 2/17/23. He also confirmed there were not active Physician Orders for Resident #5 for the Stage 4 Pressure Ulcer to the sacrum from 2/22/23 through 2/26/23. He expected nurses to complete wound care as ordered and to notify him and document any resident refusals for treatment. RN #1 verified that Resident #5 had no weekly wound assessments or weekly skin evaluations completed from the date of admission (2/14/23) through the date he was admitted an acute care hospital (2/26/23). 3/02/23 at 3:40 PM, during a phone interview with the facility's WCNP, she stated that she had written we care orders for Resident #5 on the day she assessed him. She expected the wound care orders to be calcut and wound care to be provided as ordered.			
	Resident #6			
		ecord revealed the facility admitted Res ed, Urinary Tract Infection, Site not Spo gion.		
	Review of the medical record for Resident #6 revealed there was no .Admission/Readmission Data Collection form completed that addressed the resident's skin condition at the time of admission.			
	Record review of the .Weekly Integrity Review ., dated 1/17/23, revealed, .Weekly skin evaluation .Sacrum . Small area of redness 1cmX1cm .Wound care aware No other wounds or open areas noted .			
	Record review of the Order Summary Report with Active Orders As Of: 03/08/2023 revealed a Order, dated 1/18/23 to Apply house barrier cream to sacrum after each incontinent episode. E Preventive.			
Record review of the .Weekly Integrity Review ., dated 2/6/23, revealed, .Weekly skin eva 90% black wound bed, spots of bleeding .Wound care aware .				
	(continued on next page)			

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Order, dated 2/6/23 to Cleanse Sardry, cover with Foam border dressidry, cover with Foam border dressidry, cover with Foam border dressing A record review of the Progress Nowand Assessment(s) Wound #1.3 tissue loss Pressure Ulcer .Not Her. 79cm width x 0.1 cm depth . There Wound Orders .Apply wound with 0 A record review of the electronic Trevealed, Cleanse Sacrum with NS Foam border dressing QD (Every 12/8/23, 2/9/23, 2/10/23, 2/12/23, 2/2/21/23, 2/22/23, 2/23/23, and 2/24 was admitted to the hospital on 2/2 On 03/01/23 at 11:40 AM, during a Representative (RR), she stated the open areas to his buttocks. She repworse to the point to where the worfacility to talk to her about her broth facility's CNAs commented that it we the wound was bad. She said the went of the word was bad. She said the westing a colostomy today (3/1/23). Record review of Resident #6's Ph send resident to ER (emergency rowand resident to ER (emergency rowand review of Resident #6's Was Reason for consultation .sacrum-la odor . During an interview with RN #1 on completed for Resident #6 upon act that Resident #6 had no weekly wormonth of February 2023. He stated should complete the weekly wound A record review of the Admission Marcord review of the Admiss	ote Details, dated 02/08/23, completed Sacral is an Unstageable Pressure Injuraled. Initial wound encounter measurer is a Large amount of purulent drainage Collagenase Santyl Ointment 30 g ever reatment Administration Record for 2/1, 6/Wound cleanser, pat dry, Apply santy Day) and PRN. was not documented a 13/23, 2/14/23, 2/15/23, 2/16/23, 2/17/24/23, which was a total of 16 missed ad 24/23. phone interview with Resident #6's sist at when Resident #6 was admitted to the ported the area to his buttocks started outly had a black discoloration. She said was the worse they had ever seen and the wound was debrided at the hospital on to help in wound healing. ysician/Prescriber Telephone Orders, comm.) .for eval (evaluation) and tx (treat wound Care Consultation from the hospitage unstageable pressure ulcer, large in the seen and the distribution of the seen and the distribution of the seen and seen and the seen and th	by the facility's WCNP revealed . rry Obscured full-thickness skin and ments are 14.54cm length x 12. e noted which has a Strong odor . ry day for 15 days . //23 through 2/28/23 for Resident #6 I with Vashe wet to dry, cover with s administered at 9:00 AM on 23, 2/18/23, 2/19/23, 2/20/23, ministrations before Resident #6 eter who is the Resident he facility, he did not have any out with redness and kept getting dishe could not get anyone at the mg the resident. She stated that the the hospital staff commented that 02/28/23 and Resident #6 was dated 2/24/23 revealed an order for ment) . dital dated 02/25/23 revealed . green/black necrotic tissue, positive re had not been a Braden Scale ng pressure ulcers. RN #1 verified skin evaluation completed for the skin evaluations and the DON Resident #6 had a BIMS score of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's pla	an to correct this deficiency, please conf	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	went to the facility, he had no open began increasing the increments of that his wound care was not completed. He said that only certain nurses him up for hours in his wheelchair. At 3:30 PM on 03/01/23, during an pressure ulcer for Resident #6 had is also scheduled to have an ostom. At 1:15 PM on 03/02/23, during an wounds when he was first admitted that went from white discoloration to the hospital, the wound was all black ADON. Resident #7 A record review of Admission Reconstruction in the hospital point of the five (5) Day Mith cognitive skills for daily decision ulcers/injuries. At 11:50 AM on 2/28/23, during an not being turned and he had gotten had gotten a bed sore on his buttoon. On 3/02/23 at 1:00 PM, during an in wound to the bony prominence near scabbed over. The sacrum was head acquired at the facility and that no we measure the wounds. At 1:15 PM on 3/02/23, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did not have any when he developed an open area to On 3/02/23 at 1:30 PM, during an into the facility he did	Interview with Resident #6, in the acute areas on his skin. He said he felt like to turning him from every two (2) hours to teted daily and there were some weeks would do his wound care and his wound interview with the Acute Hospital Social been debrided and is treated with a woy in place to help with wound healing. Interview with CNA #15, she explained to the facility, but then he developed no black discoloration. She said that before, draining, and had an odor and she had a she had an odor and she had and did not have any open areas. The right small toe. The area had a broaded and did not have any open areas. Weekly wound assessments were compared the had a she had and did not have any open areas. Weekly wound assessments were compared the had a she had	the night shift got very lazy and they of every six (6) hours. He reported the did not receive wound care at and got worse and staff would leave all Worker #4, he explained that the bound vacuum system. Resident #6 Resident #6 did not have any edness about the size of a golf ball fore Resident #6 was transferred to the nad informed the nurses and the sent #7 on 02/01/23 with diagnoses er than 24 hours without Return to the ter and Hemiplegia and Right Dominant Side. Resident #7 was severely impaired the had no unhealed pressure she stated that the resident was the facility on [DATE]. She said he area to keep it from getting worse. The of by RN #1, Resident #7 had a fown discoloration that was RN #1 confirmed the wounds were colleted to stage, describe, or When Resident #7 first was admitted informed the nurses and the DON Resident #7 did acquire a wound to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Coastal Health and Rehabilitation	Center	1530 Broad Ave Gulfport, MS 39501		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0686 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review of the Order Summary Report with Active Orders As Of: 02/28/2023 revealed a Physician's Order dated 2/6/23 to Cleanse Right Outer Foot with NS/Wound cleanser, pat dry, apply betadine and cover with foam border dressing QOD (every other day) and PRN (as needed) one time every Mon (Monday), Wed (Wednesday), Fri (Friday) for Right foot. A record review of the electronic Treatment Administration Record for 2/1/23 through 2/28/23 for Resident #7			
Residents Affected - Some	revealed, Cleanse Right Outer Foot with NS/Wound cleanser, pat dry, apply betadine and cover with foam border dressing QOD (every other day) and PRN (as needed) one time every Mon (Monday), Wed (Wednesday), Fri (Friday) for Right foot was not documented as administered at 9:00 AM on 2/8/23, 2/10/23 2/13/23, 2/15/23, 2/17/23, 2/20/23, 2/22/23, and 2/24/23, which was a total of eight (8) missed administrations.			
	Resident #7 Sacrum			
	A record review of the Order Summary Report with Active Orders As Of: 02/28/2023 revealed a Physician's Order dated 2/6/23 to Cleanse Sacrum area with NS/Wound cleanser, pat dry, apply durifiber AG (silver) an cover with foam border dressing QD and P [TRUNCATED]			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023	
		CTDEET ADDRESS SITE CLATE TO	D 0005	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave	P CODE	
Coastal Health and Rehabilitation	Center	Gulfport, MS 39501		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.			
Level of Harm - Immediate jeopardy to resident health or safety	43283			
Residents Affected - Some	Based on observation, interviews, record review, and facility policy review, the facility failed to ensure that the residents' environment remained free from actual harm for Resident #1 and the likelihood for harm for Resident #2 for two (2) of five (5) sampled residents, as evidenced by the facility's failure to identify an inoperable mechanical bed with an improperly fitting footboard that resulted in a flap laceration to Resident #1's right lateral foot and failure to prevent the likelihood of injury when the State Agency (SA) observed Certified Nurse Aide (CNA) #1 using a full body mechanical lift with Resident #2 suspended mid-air in a sling, without required two (2) person assistance.			
	The facility's failure to ensure that the residents' environment remained free from accidents/hazards plathese residents and other residents, in a situation that was likely to cause serious harm, injury, impairm or death.			
	The situation was determined to be an Immediate Jeopardy (IJ) that began on 2/22/23 when Resident #1 was observed with his right foot wedged between the mechanical bed's footboard and the mattress and Resident #2 was suspended in mid-air. The facility Administrator was notified of the IJ on 2/23/23 at 1:45 PM and provided an IJ Template. The facility provided an acceptable Removal Plan on 2/24/23, in which they alleged all corrective actions to remove the IJ were completed and the IJ removed on 2/24/23.			
	The SA validated the Removal Plan	n on 2/27/23 and determined the IJ was	s removed on 2/24/23, prior to exit.	
	the Removal Plan dated 2/24/23 w presented a revised IJ Template or	I, the SA notified the Administrator that ere being rescinded. The facility Admin in 3/2/23 at 5:10 PM. The facility provide rrective action to remove the IJ were co	istrator was notified of the IJ and ed an acceptable Removal Plan on	
	Therefore, the scope and severity t	n on 3/6/23 and determined the IJ was for CFR 483.25 (d) (1) Accidents was long to monitor the effectiveness of the sygulatory requirements.	owered from a K to an E, while the	
	Findings include:			
	A review of the facility's policy, Maintenance, dated 11/30/14, revealed, Policy: The facility's p and equipment will be maintained through a program of preventive maintenance and prompt a areas/items in need of repair. Procedure .All employees will report physical plant areas or equ of repair or service to their supervisor. All items needing maintenance assistance will be report maintenance using the Maintenance Repair Request form.			
	(continued on next page)			

CTATEMENT OF DEFICIENCIES	(VI) DDO//DED/CURS/ 155/6/ 15	(V2) MILITIDE E CONSTRUCTION	(VZ) DATE CURVEY		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	255092	A. Building B. Wing	03/06/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Coastal Health and Rehabilitation Center		1530 Broad Ave Gulfport, MS 39501			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Immediate	A review of the facility's policy, Trai .3. Two staff members are required	nsfer/Mobility Evaluation Low Lift, revis I when using a mechanical lift .	ed 11/1/2019, revealed, .Procedure		
jeopardy to resident health or safety		e mechanical lift revealed, .Warning .re sferring from and transferring to proced			
Residents Affected - Some	Resident #1				
	At 12:20 PM on 02/22/23, during an interview and observation, Resident #1 was lying in bed, the mattress was approximately 12 inches shorter than the footboard, and the resident's right foot was in the gap, wedged between the footboard and the bed frame. There was an area of dried blood on the side of the bed that was approximately the size of a golf ball. He explained that not only did his footboard not fit appropriately, but his mechanical bed was broken, and he could not raise or lower the bed; it would only lie flat.				
	On 02/22/23 at 1:00 PM, during an interview and observation of Resident #1 with Registered Nurse (RN) #11, she confirmed that the bed looks faulty, and the resident's right foot was observed between the bed frame and the footboard.				
	On 2/22/23 at 1:15 PM, in an interview and observation of Resident #1 with CNA #1, she confirmed that his right foot was under the foot board of the bed between the bed frame and the foot board and stated, the mattress does not fit the bed. She said that the bed had been broken for months and that it did not have any hand cranks to manually raise or lower the bed or a remote control to do it electronically. She said that Maintenance and Administration had been notified verbally of the broken bed because it is easier to tell them during the day. She stated that there are slips to fill out when something needs to be repaired by Maintenance.				
	A review of the facility's maintenant Resident #1's bed.	ce repair request form revealed there w	vere no written requests to repair		
	In an observation and interview with RN #11 on 02/22/23 at 1:30 PM, she assessed Resident #1's righ and stated he had a laceration flap to the lateral side that measured 5.5 centimeters (cm) x 3.0 cm. The was a large amount of dried blood noted around the laceration and down the lateral side of the right for confirmed it was a flap laceration and not a diabetic wound and the laceration could have been caused the faulty bed or the footboard. She explained that this was the first time she had seen Resident #1 and bed, but it was obvious the mattress does not fit the bed, and anyone should have seen the faulty bed. During an interview with Resident #1 on 02/22/23 at 1:50 PM, he explained he had cut his foot on the the frame or the footboard, but he was unable to recall exactly when because he cannot feel his feet very rand he cannot tell if his feet are hurting.				
	A record review of Wound-Weekly Observation Tool for Resident #1, dated 02/22/23, identified the wound location as Right Lateral Foot and the wound type as Skin flap.				
	(continued on next page)				

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)	
F 0689 Level of Harm - Immediate jeopardy to resident health or	On 02/22/23 at 03:40 PM, during an interview with CNA #16, she explained when equipment needs to be repaired, she completes a request form and gives it to Maintenance. She explained Resident #1's bed had been broken since Thanksgiving and Administration and Maintenance had been made aware. She denied completing the request form but stated she had verbally told Maintenance and Administration.		
safety Residents Affected - Some	On 02/22/23 at 04:15 PM, during an interview with the Maintenance Director, he reported there were no repair request forms for Resident #1's bed. He explained about two weeks ago, he had been told that the bed was broken and needed a new remote. He said he had told his staff that he needed to know when a remote is broken because Resident #1's bed is a rental and is not like the other beds in the facility.		
	On 02/23/23 at 09:40 AM, during an interview with the Assistant Director of Nursing (ADON), he explained he did know Resident #1's bed was broken. On 02/23/23 at 09:55 AM, during an interview with the Administrator, she stated that she walks throughout the building and that she was not advised until yesterday (02/22/23) that Resident #1's bed was not working properly. She was also not aware of any changes to the mattress or bed. She said that she expected her staff to provide care to the residents and if a hazard is identified in a resident's room, she would expect the staff to notify Maintenance or herself immediately. On 02/23/23 at 11:20 AM during an interview with Licensed Practical Nurse (LPN) #3, she stated that Resident #1's bed had been in that condition for a long time, with the bed not working and the mattress not fitting the bed. She said that she gave a verbal report to the Maintenance Department but was unable to recall how long ago that had been. A record review of the Admission Record revealed the facility admitted Resident #1 on 11/01/2020 with diagnoses including Paroxysmal Atrial Fibrillation, Chronic Embolism and Thrombosis of Other Specified Veins, and Type 2 Diabetes Mellitus.		
	1	inimum Data Set (MDS) with an Assess a Brief Interview for Mental Status (BIM	
	Resident #2		
	Resident #2 in a full body sling sus another staff member. The residen	n observation, CNA #1 was operating a pended midair. CNA #1 was operating t's wheelchair was noted to be approximated to the cart approximately five (5) do the the transfer.	the lift without assistance from mately five (5) feet away from the
	observed CNA #1 using the mecha wheelchair far away from the lift. S the hallway. She said that two (2) s and that staff has received training the resident could have hit his head	n interview, LPN #9, she explained she anical lift while out in the hallway with R he stated she was unsure of why the C staff members must be present at all tin on this. She said the CNA could have d and caused serious damage.	esident #2 in a sling and his NA was transferring the resident in nes when using a mechanical lift
	(continued on next page)		

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	03/06/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Coastal Health and Rehabilitation Center		1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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			on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	At 12:05 PM on 02/23/23, in an interview with CNA #1, she explained that Resident #2 assists her with transfers by holding on to the locked wheelchair when she lowers him into the chair from the mechanical lift. She confirmed she was operating a mechanical lift by herself. She explained that she had begun the transfer in the resident's room, took the wheelchair out into the hallway, and then transferred resident. She reported there was no one to help her and she had planned on using the mechanical lift to transfer other residents by herself, but she wasn't now since I'm being watched. She reported she had been trained to work independently. At 1:45 PM on 02/23/23, during an interview with the Administrator, RN #1, and RN #5, the Administrator stated that they all had heard about the CNA transferring the resident with a mechanical lift in the hallway alone. She said she expected staff to have two (2) staff members at all times when using a mechanical lift and all nursing staff had previously been trained. She stated that CNA #1 had been educated and given a return demonstration on using the lift. On 2/23/23 at 2:50 PM, during an interview with Resident #2, he stated that CNA #1 had transferred him by herself before and he helped her by using the arms of the wheelchair. He stated that everyone else transfers him with two people assisting. At 03:15 PM on 02/23/23, during an interview with the Director of Nursing (DON), she explained that when a mechanical lift is in use, two (2) staff members should be present at all times for a transfer and she had informed her staff to come get her if no one else is available.		
	A record review of the Admission Record revealed the facility admitted Resident #2 on 9/20/2013 and he had diagnoses including Diabetes Mellitus and Unspecified Dementia.		
	A record review of the MDS with an ARD of 11/16/22, revealed Resident #2 had a BIMS score of 13 which indicated he was cognitively intact.		
	A record review of the Order Summary Report with Active Orders As Of: 02/23/2023, revealed Resident # had a Physician's Order dated 6/28/22 for Hoyer lift to be used for transfer.		
	A record review of the Orientation In-Service Acknowledgement revealed CNA #1 received training or resident handling on 12/16/21.		
	A record review of an In-Service Si 12/8/22 related to Hoyer Lift Trainin	gn-In Sheet dated 12/8/22 revealed CN ng.	NA #1 attended a training on
	The facility submitted the following	acceptable Removal Plan on 03/4/23:	
	Quality Assessment:		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092 STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave 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 0689 F 0689 F 0689 On 2/21/2023, at 10:00am, an Ad Hoc Quality Assurance Performance improvement (QAPI) Committee to review? develop / implement wound care program. Attendees were Executive Director (ED), Director Nursing (DON), Maintenance Director, (ICP), Business Office Manager flow), Human Resources Direct (HRD), Medical Director (MD) attended by phone. A review of policy and procedures were: Skin and Wo Weekly Skin Integrity form, completing Weekly Wound Observation Tool, completing and documenting than addition of staff regarding wound management? Irreatment, reeducate staff on wound identification, reeducate nursing staff on wound documentation to include Licensed Nursi undit on admission / readmission, one hundred (100) percent skin audits to ensure all wound are identified On 2/23/2023, at 2:00pm, an Ad Hoc QAPI Committee met to conduct Root Cause Analysis (RCA) and create Removal Plan for Immediate Jeopardies received regarding F 656. Develop / Implement Comprehensive Care Plan, Tenafer Mobility Evaluation Low Lift, Antiendees were I DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A review of policy procedures were: Care Plan, Tenafer Mobility Evaluation Low Lift, Antiendees were I DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A review of policy procedures were: Care Plan, Tenafer Mobility Evaluation Low Lift, Antiendees were I DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A review of policy residents on anticoagulant therapy. Reducate nursing staff for transferrin				No. 0936-0391
Coastal Health and Rehabilitation Center 1530 Broad Ave 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) On 2/21/20/23, at 10:00am, an Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee to review / develop / implement wound care program. Attendees were Executive Director (ED), Director Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Openation of Staff regarding wound management / treatment, reducation staff on wound identification, reeducate or staff regarding wound management / treatment, reeducation staff on wound documentation to include Licensed Nursing (DOR), and the staff on wound documentation to include Licensed Nursing view (Medical Director), and the staff regarding wound management / treatment, reducation and treatment in place, reeducate certified nursing assistant on notifying nurse if skin concern is identified on 2/23/2023, at 2:00pm, an Ad Hoc QAPI Committee met to conduct Root Cause Analysis (RCA) and create Removal Plan for Immediate Jeopardies received regarding F 656 -Develop / Implement Comprehensive Care Plan, F 684 Quality of Care and F 689 - Accidents / Supervision. Attendees were E DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD) attended by phone. A review of policy procedures were: Care Plan, Transfer / Mobility Evaluation Low Lift, Anticoagulant Therapy, Notification Change in condition which required no changes. Reviewed policy and procedure Maintenance or Poor, Abonal Poor Poor Poor Poor Poor Poor Poor Poo		IDENTIFICATION NUMBER:	A. Building	COMPLETED
F 0689 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0689 Con 2/21/2023, at 10:00am, an Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee to review! develop! implement wound care program. Attendees were Executive Director of Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DNN), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Director of Staff regarding wound management / treatment, reeducation staff on wound identification, reeducation of staff regarding wound management / treatment, reeducation of wound documentation to include Licensed Nurse for wound observation Tool, completing and documenting to audit on admission / readmission, one hundred (100) percent skin audits to ensure all wound are identification readcate the included of the property included to proper included to ensure it is a for treatment in place, reeducate certified nursing assistant on notifying nurse if skin concern is identified and treatment in place, reeducate entired nursing assistant on notifying nurse if skin concern is identified on the read of the property in the property	NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) On 2/21/2023, at 10:00am, an Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee to review / develop / implement wound care program. Attendees were Executive Director (ED), Director or Safety (HRD), Medical Director (MD), Maintenance Director, Director of Nershalitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Director of Nershalitation (DOR), Assistant Director of Nursing (DON), Maintenance Director, Director of Nershalitation (DOR), Assistant Director of Nursing (DoN), Medical Director (MD), attended by phone. A review of policy and procedures were: Skin and Wo Guidelines. Areas discussed: Reeducation of staff regarding wound management / treatment, reeducations at a staff on wound documentation to include Licensed Nursing Weekly Skin Integrity form, completing Weekly Wound Deveration Tool, completing and documenting to audit on admission / readmission, one hundred (100) percent skin audits to ensure all wound are identificant treatment in place, reeducate certified nursing assistant on notifying nurse if skin concern is identified and treatment in place, reeducate certified nursing assistant on notifying nurse if skin concern is identified and reader Removal Plan for Immediate Jeopardies received regarding F 656 -Develop / Implement Comprehensive Care Plan, F 684 Quality of Care and F 689 - Accidents / Supervision. Attendees were to DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A review of policy procedures were: Care Plan, Transfer / Mobility Evaluation Low Lift, Anticoagulant Therapy, Notification Change in condition which required no changes. Reviewed policy and procedure Maintenance with change in condition which required no changes. Reviewed policy and procedure Maintenance with change in conditional procedure to implement maintenance repair request form. Topics discussed included to the procedure to implement mainten				
(Each deficiency must be preceded by full regulatory or LSC identifying information) Po 089 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents Affected - Some Residents Affected - Some Residents Affected - Some On 2/21/2023, at 10:00am, an Ad Hoc Quality Assurance Performance Improvement (QAPI) Committee to review / develop / implement wound care program. Attendees were Executive Director of Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Director of Nursing (DON), Medical Director (MD) attended by phone. A review of policy and procedures were: Skin and Wo Guidelines. Areas discussed: Reeducation of staff regarding wound management / treatment, reeducatic staff on wound documentation to include Licensed Nursi Weekly Skin Integrity form, completing Weekly Wound Observation Tool, completing and documenting a undit on admission / readmission, one hundred (100) percent skin audits to ensure all wound are identified and treatment in place, reeducate certified nursing assistant on notifying nurse if skin concern is identified. On 2/23/2023, at 2:00pm, an Ad Hoc QAPI Committee met to conduct Root Cause Analysis (RCA) and create Removal Plan for Immediate Jeopardies received regarding F 656 -Develop / Implement Comprehensive Care Plan, F 684 Quality of Care and F 689 - Accidents / Supervision. Attendees were EDON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A review of policy procedures were: Care Plan, Transfer / Mobility Evaluation Low Lift, Anticoagulant Therapy, Notification Change in condition which required no changes. Reviewed policy and procedure Maintenance wire to implement maintenance repair request form. Topics discussed inclined in the notification procedure to implement maintenance repair request form. Topics discussed inclined and treating the provential property, and a staff on notification to Maintenance or Administrator when bed not working properly, all staff to notify nurse if blood i	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents	(X4) ID PREFIX TAG			ion)
F 684, RCA determined the facility failed to assess Resident #1 for four hours knowing there was blood the floor, bandages not intact and saturated with blood, did not reassess after reporting the blood with resident on anticoagulant. RCA determined additional needs for education to all staff on notifying nurse change in condition. RCA determined LPN #1 did not reassess for active bleeding and address the care related to resident on anticoagulant therapy and was educated by RN #1 on 02/22/2023 at 2:30 PM on Anticoagulant Therapy related to reassessing for active bleeding and addressing the care related to resion anticoagulant therapy. F 656, RCA determined the facility failed to properly follow Resident #2's care plan for a full body lift with staff members to prevent the likelihood of a serious outcome by having resident dangling midair in the lift in the hallway with no other staff members around. RCA determined Certified Nursing Assistant (CNA) # failed to follow facility policy and procedure related to care plan and received a corrective termination act on 02/23/2023 at 12:30 PM. (continued on next page)	Level of Harm - Immediate jeopardy to resident health or safety	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) On 2/21/2023, at 10:00am, an Ad Hoc Quality Assurance Performance Improvement (Q to review) / develop / implement wound care program. Attendees were Executive Director Nursing (DON), Maintenance Director, Director of Rehabilitation (DOR), Assistant Direct Infection Control Preventionist (ADON / ICP), Business Office Manager (BOM), Human I (HRD), Medical Director (MD) attended by phone. A review of policy and procedures we Guidelines. Areas discussed: Reeducation of staff regarding wound management / treat staff on wound documentation to include Weekly Skin Integrity form, completing Weekly Wound Observation Tool, completing an audit on admission / readmission, or endured undired policy percent skin audits to ensure all w and treatment in place, reeducate certified nursing assistant on notifying nurse if skin co On 2/23/2023, at 2:00pm, an Ad Hoc QAPI Committee met to conduct Root Cause Anal create Removal Plan for Immediate Jeopardies received regarding F 656 -Develop / Imm Comprehensive Care Plan, F 684 Quality of Care and F 689 -Accidents / Supervision. A DON, Maintenance Director, DOR, ADON / ICP, BOM, HRD, MD attended by phone. A procedures were: Care Plan, Transfer / Mobility Evaluation Low Lift, Anticoagulant Thera Change in condition which required no changes. Reviewed policy and procedure Mainte made in the notification by Maintenance repair request form. Topic reeducates all staff on notification to Maintenance or Administrator when bed not working Maintenance director to check all beds to ensure working properly, all staff to notify nurs observed, bandage noted with blood, bandage not intact and nurse to properly assess or reactions, Licensed Nurses to assess residents for active bleeding and address any adv residents on anticoagulant therapy, reeducate nursing staff for transferring resident in funursing staff to risngs and symptoms regarding anticoagulant needs related to full bod		ecutive Director (ED), Director of Assistant Director of Nursing / BOM), Human Resources Director procedures were: Skin and Wound agement / treatment, reeducation of ation to include Licensed Nurse completing and documenting body to ensure all wound are identified nurse if skin concern is identified. Not Cause Analysis (RCA) and -Develop / Implement Supervision. Attendees were ED, d by phone. A review of policy and loagulant Therapy, Notification of locedure Maintenance with changes lest form. Topics discussed include: led not working properly, fff to notify nurse if blood is logerly assess resident for adverse ladress any adverse outcomes for gresident in full body lift, reeducate led to full body lifts, review and lindicated eMAR for assessing working bed with foot board not be reducation. All staff need limined the facility failed to prevent le to certified nurse assistant #1 bours knowing there was blood on lafter reporting the blood with no to all staff on notifying nurse of bleeding and address the care on 02/22/2023 at 2:30 PM on ressing the care related to resident care plan for a full body lift with two lesident dangling midair in the lift out fied Nursing Assistant (CNA) #1

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	QAPI Meeting dated February 21, Immediate Jeopardies F 686 Treat and F 689 - Accidents / Supervision Attendees were: MD, ED, DON, Re Licensed Practical Nurse (LPN), M Nurse, Certified Nursing Assistant Plan of Care. Transfer / Mobility Ev condition which required no change the notification procedure to impler Continue education of staff regardi admission / readmission body audi new wound is identified, notifying rompleting treatments if wound car residents, completing Wound Weel indicated for residents with current reeducate certified nursing assistant revise if indicated schedule for Lice assistant task for residents to inclupressure ulcers and / or at risk for properly fitting bed due to staff fails additional training on how to report possibility of injury by using full bot failure to follow facility lift policy. F 684, RCA determined the facility the floor, bandages not intact and s resident on anticoagulant. RCA determine related to resident on anticoagulant. RCA determined the resident on anticoagulant Therapy related to reon anticoagulant Therapy related to reon anticoagulant therapy. F 656, RCA determined the facility staff members to prevent the likelih in the hallway with no other staff m	Committee met to revise Performance 2023 conduct Root Cause Analysis (RC ment / Services to Prevent / Heal Press n and F 656 Development / Implement egional Director of Clinical Services (RI inimum Data Set Registered Nurse, Mi (CNA). Policies and Procedures review valuation Low Lift, Anticoagulant Therapes. Reviewed policy and procedure Mament maintenance repair request form. In gwound management / treatment, cott, completing Braden Scale assessment esident representative if new wound or renurse is not available, completing wounds or potential risk, review and uponts regarding notification to nurse if skintensed Nurse Weekly Skin Integrity Revide Turning and Repositioning every two pressure ulcers. failed to properly identify an improper value of notification and additional need for beds not properly working. RCA determined additional needs for education ted LPN #1 did not reassess for active a therapy and was educated by RN #1 dianst repair and received the property follow Resident #2's and additional RCA determined Certification and received the related to care plan and received the related to the related to care plan and received the related to	CA) and to create Removal Plan for sure Ulcers, F 684 Quality of Care Comprehensive Care Plan. CCS), ICP, BOM, Medical Records nimum Data Set Licensed Practical ved: Skin and Wound Guidelines, py, Notification of Change in intenance with changes made in Areas discussed included: national licensed nurse to complete at, notifying provider for treatment if change in wound is identified, eekly Skin Integrity Review on a wand update Wound Care Plan as podate wound orders as indicated, in concern is identified, review and iew and update certified nursing to (2) hours on residents with Working bed with foot board not be reducation. All staff need mined the facility failed to prevent to certified nurse assistant #1 Ours knowing there was blood on after reporting the blood with in to all staff on notifying nurse of bleeding and address the care on 02/22/2023 at 2:30 PM on ressing the care related to resident care plan for a full body lift with two sident dangling midair in the lift out fied Nursing Assistant (CNA) #1

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave	
		Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	F 686, RCA determined the facility failed to provide routine and consistent wound care, wound assessments, and wound documentation put Resident #4, Resident #5, Resident #6, and Resident #7 and all other residents who are at risk for skin breakdown at risk for serious harm, serious injury, serious impairment, or possible death. The facilities failure to implement care plan interventions related to wound care put Resident #4, Resident #5, Resident #6, and Resident #7 and all other residents who are at risk for skin breakdown at risk for serious harm, serious injury, serious impairment, or possible death. RCA determined the facility failed to have proper documentation and assessment of wounds, designated wound care nurse, complete admission body audit. RCA determined facility failed to implement new interventions related to wounds. Facility did hire new Licensed Practical Nurse three (3) weeks ago.		
	Assessment On 2/22/23 at 1:30 PM Registered Nurse Treatment Nurse assessed Resident #1 right lateral foot wi findings of a skin flap. Resident #1's bandages were changed and treatment completed following phy orders on 02/22/2023 by RN Treatment Nurse. On 02/22/2023 at 2:10 PM, Resident #1 was assessed by RN #1 for active bleeding and addressed related to resident on anticoagulant therapy. On 02/23/2023 at 2:10 PM, Resident #2 was assessed and a body audit was completed by RN #2 w		
	negative outcomes. On 02/23/2023 at 2:15 PM, a total of twenty-nine (29) residents were identified on anticoagulant therapy by RN #1. Resident assessments were completed by RN #2, RN #3, and RN #4 for any active or new change ir conditions for residents on anticoagulant therapy. No residents at risk identified.		
	On 2/23/2023, Maintenance Director completed audit of all beds for functionality. 124 beds were checked with two (2) identified with motor not working and no issues with footboard not fitting properly. Both beds identified with motor not working were replaced.		
	On 2/23/2023, RN#10, completed needing full body lift transfer.	Transfer / Mobility Status Criteria for for	rty-nine (49) residents identified as
	unable to be assessed. Resident #	#4, Resident #5, and Resident #6 are of 4, Resident #5, and Resident #6 did no ng the center and are still out of the cen	t have assessments completed
		reviewed Care Plans for seventeen (17 skin concerns per the Braden Scale. Th	
	On 3/2/2023, RN#1 completed Wo of thirty-five (35) wounds.	und - Weekly Observation Tools for se	venteen (17) residents with a total
	Education		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 02/22/2023 at 2:30 PM, RN #1 reassessing for active bleeding and On 02/23/2023 at 2:20 PM, RN #1 active bleeding and address the ca current licensed nurses or newly hi On 02/23/2023 at 2:25 PM, RN #1 bandage noted with blood, and bar outcomes. No current staff or newly On 02/23/2023 at 2:25 PM, RN #1 care plans to reflect specific reside hired licensed nurses will work with On 02/23/2023 at 2:30 PM, the ED, identification of improper working b newly hired staff will work without the On 2/23/2023 at 2:30, RN #1 initiat members to assistance. No current aforementioned education. On 03/02/2023 at 6:00 PM, the ED, treatment to include, admission/reaprovider for treatment if wound is ic available, ensure documentation is completing weekly skin checks. No the aforementioned education. On 03/02/203 at 6:05 PM, the ED/F nurse notification if a skin concernicurrent CNA or newly hired CNA w On 3/02/2023 at 6:10 PM, education comprehensive care plan interventiand resident who are at risk for skir licensed nurses will work without the Corrective Action On 02/23/2023 at 12:30 PM, CNA arelated to not following facility polic for a full body lift with two staff men	initiated education to LPN #1 on Antico di addressing the care related to resider di addressing the care related to resider di addressing the care related to resider refor adverse outcomes related to resider dicensed nurses will work without the initiated education to all staff to notify a adage not intact to properly address the y hired staff will work without the aforem initiated education to nursing staff ensurate needs related to full body lifts. No cursion the aforementioned education. I/RN #1 initiated education to all staff refer ed with foot board fitting the bed to prefer he aforementioned education. I/RN #1 initiated education to all nurses admission body audit, completing Brade dentified, completing treatment as order completed on electronic treatment admit current licensed nurses or newly hired and current licensed nurses or newly hired is identified and following chain of comilil work without the aforementioned education with MDS RN and MDS LPN was initions are implemented for residents with a breakdown. No current MDS licensed and procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not proper on the staff of the procedures related to not pro	regarding wound identification and en scale assessment, notifying red if treatment nurse is not ninistration record (eTAR), and I licensed nurses will work without Nurse Assistants (CNAs) regarding mand if nurse is unavailable. No ucation. Nurse Assistants (CNAs) regarding mand if nurse is unavailable. No ucation. Nurse Assistants (CNAs) regarding mand if nurse is unavailable. No ucation. Nurse Assistants (CNAs) regarding mand if nurse is unavailable. No ucation. It is the ED/RN #1 to ensure a current pressure ulcer wounds in urses or newly hired MDS It is the termination action by RN #1 by following Resident #2's care plan

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	Quality rounds were performed on 02/23/2023 beginning at 2:15 PM by the Maintenance Director and Maintenance Assistant to ensure beds working properly and foot boards are properly fitting the bed. 124 beds were checked with two (2) beds identified with motor not working and no issue with foot board not fitting properly. Both beds replaced with properly working bed.		
Residents Affected - Some		ım Data Set (MDS) Nurse completed a olans to reflect specific resident needs r	
	On 3/01/2023 at 11:30 AM, RN #7	completed skin audit on Resident #7 w	rith no new findings.
	Beginning on 2/23/2023 body audits initiated and completed on 3/02/2023 by 9:00 PM, by RN #2, RN #3, RN #4, RN #5, RN #6, RN #7, RN #8, and LPN #1, for current in house residents on census to determine stages of wounds. LPN #1 observed residents without identified skin concerns with instructions to notify RN if skin concerns identified. Results of the body audit identified an additional 3 residents with four (4) new wounds.		
	RN #8 updated CNA Task in the electronic medical record with turning and repositioning for current residents so CNAs can document turning and repositioning.		
	RN #10 and LPN #2 reviewed care plans to ensure interventions are implemented for seventeen (17) residents with current pressure ulcers and sixty-one (61) residents who are at risk for skin breakdown.		
	RN # 1 reviewed treatment orders to ensure appropriate treatment.		
	RN #10 and LPN #2 completed Bra	aden scale on current in house residen	ts.
	RN #1 completed wound assessme	ent for current in house residents with i	dentified wounds.
	The State Agency (SA) validated the	ne facility's Removal plan on 03/6/23.	
	Quality Assessment:		
		h record review of the meeting sign in rance Performance Improvement (QAF	
	that the facility held a QAPI meetin	h record review of the meeting sign in a g on 2/23/2023 regarding care plans, a intenance requests related to equipmen	inticoagulant therapy and
		ugh record review of sign in sheets and wound care including treatments, docu	
	Assessment		
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 03/06/2023
		B. Wing	
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 1530 Broad Ave Gulfport, MS 39501	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 identify)			on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	On 3/6/23, the SA validated through record review and interviews that RN # 11 assessed the right lateral foot with findings of a skin flap for Resident #1 and completed the treatment per Physician Orders on 2/22/23. On 3/6/23, the SA validated through staff interview and record review that Resident #1 was assessed by RN #1 for active bleeding on 2/22/23.		
Residents Affected - Some	#1 for active bleeding on 2/22/23. On 3/6/23, the SA validated through record review that Resident #2 was assessed, and a body audit was completed on 2/23/23.		
	On 3/6/23, the SA validated through record review and staff interview that on 2/23/2023, residents identified on anticoagulant therapy were assessed. On 3/6/23, the SA validated through staff interview all beds were checked for functionality and footboard issues on 2/23/23. On 3/6/23, the SA validated through record review that on 2/23/2023, the facility audited and identified residents identified that required a full body lift transfer. On 3/6/23, the SA validated through staff interviews and record review that the facility reviewed care plans for residents with skin concerns.		
	On 3/6/23, the SA validated through staff interview and record review that the facility completed Wound - Weekly Observation Tools for residents with wounds.		
	Education		
	On 3/6/23, the SA validated through staff interview and record review that the facility educated LPN # Anticoagulant Therapy related to reassessing for active bleeding and addressing the care related to re on anticoagulant therapy on 2/22/23.		
	On 3/6/23, the SA validated through staff interview and record review that the facility provided education on 2/23/23 to licensed nurses to properly assess residents for active bleeding and address the care for adverse outcomes related to residents on anticoagulant therapy.		
	On 3/6/23, the SA validated through staff interview and record review that the facility provided education on 02/23/2023 to all staff to notify a nurse if blood is observed, bandage noted with blood, and bandage not intact to properly address the resident care for adverse outcomes.		
	On 3/6/23, the SA validated through staff interview and record review that the facility provided education on 02/23/2023 to nursing staff ensuring to follow the comprehensive care plans to reflect specific resident needs related to full body lifts.		
	On 3/6/23, the SA validated through staff interview and record review that the facility provided edit 02/23/2023 to all staff regarding notification and identification of improper working bed with foot be the bed to prevent injuries.		
	(continued on next page)		

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2023
NAME OF PROVIDER OR SUPPLIER Coastal Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 Broad Ave Gulfport, MS 39501	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	2/23/2023 regarding mechanical lift On 3/6/23, the SA validated throug 03/02/2023 all nurses regarding we audit, completing Braden scale ass treatment as ordered if treatment in treatment administration record (e) On 3/6/23, the SA validated throug education with Certified Nurse Ass and following chain of command if	h staff interview and record review, the transfers and the need for two (2) state that the staff interview and record review, the bund identification and treatment to increasement, notifying provider for treatmeurse is not available, ensure documentally, and completing weekly skin check that staff interview and record review that istants (CNAs) regarding nurse notifications is unavailable. The staff interview and record review that is the staff interview and record review that	ff members to assistance. e facility provided education on lude, admission/readmission body ent if wound is identified, completing tation is completed on electronic cks. t on 03/02/203 the facility provided ation if a skin concern is identified