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

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

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (continued on next page)

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

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, record review and facility policy review, the facility failed to ensure a safe, clean, and homelike environment for residents on four (4) of (4) days of the survey, as evidenced by limited pest control access to resident rooms, and a lack of clean bath towels available for resident care.Findings include: Review of the facility policy titled, Pest control dated 11/3/2014, revealed, Policy: The facility will maintain a pest control program, which includes inspection, reporting, and prevention. 1. A pest control contract will be maintained with licensed exterminator. 2. The contract will include routine quarterly inspections. 3. Treatment will be rendered as required to control insects and vermin. Any unusual occurrence or sighting of insects should be reported immediately to the supervisor . Proper action will be taken.On August 4, 2025, at 10:52 AM, Resident #46 stated that gnats in the building had bitten him, causing bumps on his head. He denied hoarding food. There were no gnats observed in his room at that time.On August 4, 2025, at 11:26 AM, Resident #110 reported roaches and gnats in her room, stating that roaches appeared at night and made her feel like she was living with roaches in their house. The State Agency observed clutter and boxes in her room. On August 4, 2025, at 2:27 PM, Resident #94 stated that during bath times, staff sometimes wipe residents with wet wipes due to towel shortages.On August 5, 2025, at 2:00 PM, during a Resident Council meeting attended by the State Agency and Ombudsman, residents complained about inadequate towels and bed linens, as well as roaches and gnats in rooms. On August 5, 2025, at 2:58 PM, Linen closet inspections revealed low inventory: The 200 Hall linen closet contained five bath towels, ten flat sheets, ten fitted sheets, several pads, and no face towels, with a census of 51 residents. The 100 Hall linen closet contained ten bath towels, no face towels, and eight flat and eight fitted sheets, with a census of 54 residents.On August 5, at 3:17 PM, the pest control technician stated that he visits the facility monthly and follows the person assigned by the facility, usually the Maintenance Director. He reported that he typically sprays only common areas and does not enter resident rooms unless requested. He explained that untreated areas in resident rooms can lead to roaches migrating from common areas and that the chemicals used by the facility are ineffective against gnats. He stated that he had not been informed that the facility was experiencing gnat problems.On August 6, 2025, at 8:00 AM, the 200 Hall linen closet contained six bath towels, four face cloths, and ten flat and fitted sheets; the 100 Hall closet contained 20 bath towels, no face cloths, and no sheets.On August 6, 2025, at 9:31 AM, CNA #1 confirmed there were not enough linens to meet resident care needs and stated that staff sometimes hoard towels and linens to ensure availability. On August 6,2025, at 9:37 AM, CNA #2 confirmed hoarding linens' due to shortages and stated that care is sometimes delayed until laundry is completed.On August 6, 2025, at 10:09 AM, Certified Nursing Assistant (CNA #4) confirmed that towels and linens run low daily and stated that when towels are unavailable, staff use wipes to clean and bathe residents.On August 6, 2025, at 10:17 AM, an interview with Licensed Practical Nurse (LPN) #2, Unit Manager, revealed that a shortage of bath towels occurred daily. She stated that staff must wait for laundry to be completed before they can resume bathing residents and must wait until the linen closet is restocked. On August 6, 2025, at 12:05 PM, a housekeeping/maintenance staff member confirmed a persistent towel shortage and stated that the Administrator had not ordered additional stock. She reported that laundry is collected three times daily, with laundry operations ending at 11:00 PM after the overnight shift was eliminated due to budget cuts. She further stated that some Certified Nursing Assistants discard extremely soiled towels. The State Agency observed three washers and two working dryers in the laundry room and noted only three laundry staff on duty.On August 7, 2025, at 1:06 PM, the Maintenance Director stated that visits from the pest control provider had increased but roaches and gnats persisted. He explained that pest control staff do not spray in resident rooms unless a resident requests treatment, and that they do not spray for gnats.On August 7, 2025, at 2:00 PM, the Maintenance Director confirmed receiving resident complaints about roaches and gnats and stated that pest control only treats common areas. He explained that a previous provider had used a drain gel effective against gnats, but the current provider does not. He confirmed an inadequate linen supply, noting that laundry workers wash items as quickly as possible but that some staff may discard soiled linens. He also reported that budget restrictions limit the amount of linen purchased.In an interview on August 7, 2025, at 3:20 PM, the Director of Nursing (DON) she said she did not know the residents were complaining about roaches and gnats. The DON confirmed the facility needs more linen to meet the residents. The DON said that she has only been in this position for two months.In an interview on August 7, 2025, at 3:30 PM, with the Administrator confirmed he had seen dead roaches in the

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

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

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. (continued on next page)

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