

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2025
NAME OF PROVIDER OR SUPPLIER Fort Walton Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Lbj Sr Drive Fort Walton Beach, FL 32547	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record Review, the facility failed to provide maintenance services to maintain a clean, safe living environment for 2 of 4 bathrooms observed in Hallway 200. (rooms [ROOM NUMBERS])</p> <p>The findings include:</p> <p>On 06/23/25 at approximately 8:45 AM, an environmental observation was made in room [ROOM NUMBER], where holes were noted in the wall adjacent to the television and scratches were noted behind the bed. (Photographic evidence obtained)</p> <p>On 06/23/25 at approximately 9:50 AM, an observation in room [ROOM NUMBER] revealed peeling paint and a hole in the bathroom wall near the sink, with visible plaster residue deposited on the sink surface. Additionally, the bathroom faucet exhibited a buildup of a greenish hard biofilm. (Photographic evidence obtained)</p> <p>On 06/25/25 at approximately 12:16 PM, an interview was conducted with the Maintenance Technician. He explained the current process for reporting and addressing maintenance concerns, noting that any staff member may submit a work order, which can be recorded in maintenance logbooks located at each nursing station and in the kitchen. The Maintenance Technician further explained that both he and the Maintenance Director conduct monthly inspections to proactively identify and address areas in need of repair. During the interview, he assessed the bathroom wall and faucet in room [ROOM NUMBER]'s bathroom. He acknowledged the crumbling wall and the greenish biofilm buildup on the faucet, stating that the accumulation appeared to have developed over an extended period. He concluded that the condition was not acceptable and in need of corrective action.</p> <p>On 06/26/25 at approximately 11:35 AM, an interview was conducted with the Maintenance Director. He reported that he is responsible for reviewing the facility's work order book daily and addressing repairs requests accordingly. He clarified that the maintenance department consists of only himself and one technician and that the facility is currently undergoing renovations. During the interview, he assessed the bathroom wall and sink faucet in room [ROOM NUMBER]'s bathroom. He acknowledged that the wall above the sink was in poor condition with the crumbling deposit around the sink and confirmed the presence of a greenish biofilm buildup on the faucet. He indicated awareness of the need to repair the wall and replace the faucet and recalled discussing the matter previously with the Administrator. He explained that the repair priorities are determined in consultation with the Administrator and emphasized that renovation efforts are ongoing but take time to complete in addition to the daily repairs.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/26/25 at approximately 11:45 AM, an interview was conducted with the Administrator and the Maintenance Director. She confirmed her understanding of the facility's maintenance request and repair process. During the interview, the Administrator personally assessed the bathroom in room [ROOM NUMBER]. She acknowledged the deteriorating condition of the wall, noting crumbling deposits, as well as the presence of the greenish biofilm buildup on the faucet. She added that repairs would be made if deemed necessary. She agreed that the condition of the bathroom did not reflect a home-like or safe environment and acknowledged that the area was not in good repair.</p> <p>A record review of the 200 Hall Work Orders was reviewed. No work order was placed for the wall condition crumbling or the bathroom faucet with bio built up in Rooms 204 or 206.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and record reviews, the facility failed to ensure 1 of 26 residents reviewed medical record was clear and accurately documented in accordance with accepted professional standards and practices. (Resident # 413)</p> <p>The findings include:</p> <p>On 06/23/2025 at approximately 2:00 PM, Resident #413 was observed lying in bed with hard braces on the bilateral lower extremities which were noticeably swollen. The resident stated that she fell at home a week ago, had surgery, and was admitted to this facility. When asked if she has done any physical therapy, the resident answered yes, but it is hard with the braces on both legs. She stated she has pain and takes extra-strength Tylenol for it. She then began to say that she found out that she has Deep Vein Thrombosis (DVT) (a condition where a blood clot forms in a deep vein) in both legs and has to take Eliquis (an anticoagulant that helps prevent blood clots) for it. The resident stated she was admitted to the facility on [DATE].</p> <p>Resident #413's record revealed that she does have diagnoses including DVT. The Orthopedic Surgery Report on 06/12/2025 documented that the resident had a ground level fall, fractured right and left lower femurs, had surgery to both legs with no complications. The plan included pain control, nonweightbearing to both lower extremities, maintain hinged braces, Physical Therapy/Occupational Therapy, DVT prophylaxis, and start on Lovenox (another anticoagulant that helps prevent blood clots) for known bilateral DVTs. The Orthopedic Progress Report on 06/15/2025 at 1:32 pm states to use the prophylaxis therapy Lovenox. But when her hemoglobin and hematocrit (H&H) stabilized post transfusion, they would switch to Eliquis therapy. On 06/19/2025 at 4:16 pm and 6/23/2025 at 10:45 am, the Nurse Practitioner (NP) wrote in the electronic record, History of DVTs was previously on Eliquis but stopped taking- continue lovenox. However, in the Medication Administration Record, she appeared to be receiving Eliquis 5mg once every 12 hours, with no Lovenox is ordered.</p> <p>On 06/26/2025 at approximately 8:25 AM, an interview with nursing staff took place with Nurse K, Nurse C, and Unit Manager B. They stated that Resident #413 was monitored for pain every 8 hours. When asked to review the medication orders versus what the NP ordered, they acknowledged that she was taking Eliquis but the orders appeared to state that she should be continuing the Lovenox.</p> <p>On 06/26/25 at 11:20 AM, a telephone Interview with the NP was conducted. She stated that this resident had bilateral femur fractures and she should be on Lovenox. She stated that Eliquis should be started when the resident's Hemoglobin lab numbers are between 8.5 and 9, thereby indicating her condition was stable.</p> <p>A record review of her recent lab results on 06/14/2025 indicated a Hemoglobin level of 7.7; on 6/15/2025, she had a Hemoglobin level of 6.7; and on 6/20/2025 her Hemoglobin level was 7.7.</p>		