

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER Charlotte Bay Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4033 Beaver Lane Port Charlotte, FL 33952	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, record review, review of facility's policy and procedure and staff interviews, the facility failed to ensure the safe storage of medications to prevent unauthorized use for 1 (Resident #875) of 3 residents' rooms observed. The findings included: Review of the facility policy and procedure Clinical Medication Administration (revised 12/10/25) revealed, .Residents who are deemed appropriate to self-administer and wish to keep their medication at bedside, will be provided with a locked container or drawer to house the medication when not in use. On 3/16/2026 at 9:53 a.m., observation of Resident #875's room revealed a Dulera inhaler (medication used to reduce airway inflammation) and four vials of Ipratropium-Albuterol solution (bronchodilator) nebulizer solution stored unsecured and unattended on the resident's bedside table. Resident #875 was not in the room at the time of the observation. Photographic evidence obtained. Review of Resident #875's Medication Administration Record (MAR) for March 2026 revealed she received the Dulera inhaler twice a day and the Ipratropium-Albuterol solution via nebulizer on 3/14/26. On 3/16/26 at 9:58 a.m., Licensed Practical Nurse (LPN) Staff C verified that the Dulera inhaler and the four vials of Ipratropium-Albuterol solution were not locked and were left unattended and unsecured at Resident #875's bedside. LPN Staff C said that Resident #875 always self-administered her inhaler and knew how to do it.</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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