STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105589	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coquina Center	170 N Center Street Ormond Beach, FL 32174

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, interviews and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe and sanitary environment and to help prevent the development and transmission of communicable diseases and infections, by repeatedly failing to ensure that one (Resident #1) of one resident who was reviewed for urinary catheter care, had a urinary catheter bag that was kept off the floor. Failure to ensure a urinary catheter bag remains off the floor can result in a catheter-associated urinary tract infection.The findings include: On 2/23/2026 at 12:10 PM, Resident #1 was observed lying in bed. Her urinary catheter bag was observed on the door side of her bed and was observed to be resting on the floor. (Photographic evidence obtained) On 2/24/2026 at 9:58 AM, Resident #1 was observed lying in her bed. Her urinary catheter bag was observed on the door side of her bed and was observed to be resting on the floor. (Photographic evidence obtained) On 2/24/2026 at 12:40 PM, Resident #1 was observed lying in her bed. Her urinary catheter bag was observed on the door side of her bed and was observed to be resting on the floor. On 2/26/2026 at 5:20 AM during an interview with Certified Nursing Assistant (CNA) J, she confirmed that she was caring for Resident #1. She confirmed that she provided urinary catheter care for the resident. When she was asked what that care involved, she stated, I make sure there are no kinks in the tubing, I empty the bag and I let the nurse know how much was in the bag. She was asked about the positioning of the urinary catheter bag. She stated, I make sure the tubing is straight. She was asked if the urinary drainage bag should be resting on the floor. She replied, No, it can't touch the floor. On 2/26/2026 at 5:30 AM, Resident #1 was observed lying in her bed. Her urinary catheter bag was observed on the door side of her bed and was observed to be resting on the floor. (Photographic evidence obtained) On 2/26/2026 at 5:35 AM, during an interview with CNA J, she was asked to observe Resident #1's urinary catheter bag. During the observation, she was asked to confirm whether or not the urinary catheter bag was resting on the floor. She stated, Yes, I see it's on the floor. Sometimes when the beds are in low position like her's is, the bags will touch the floor. A review for Resident #1's medical record revealed diagnoses including encounter for fitting and adjusting or urinary device. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105589	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Coquina Center	170 N Center Street Ormond Beach, FL 32174

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the resident's active physician's orders revealed an order dated 12/30/25: Indwelling Urinary Catheter: Encourage and assist resident to use/apply catheter tube securing device as tolerated, may change, replace, and change position as needed. A review of the person-centered care plan revealed a Focus Area indicating that Resident #1 was At Risk for Urinary Tract Infection related to incontinence, indwelling urinary catheter. Resident has a risk for injury/infection related to presence of catheter. Goal: Resident will remain free from signs/symptoms of urinary tract infection through the next review date. Interventions: Position catheter bag and tubing so that it promotes dignity and drainage. A review of Resident #1's quarterly Minimum Data Set (MDS) assessment, dated 12/26/25, revealed a Brief Interview for Mental Status (BIMS) score of 6 out of 15 possible points, indicating severe cognitive impairment. A review of the facility's policy titled Catheter Care – Quality of Care (effective 10/2020, revised 1/2024) revealed: Standard: The facility will maintain infection control guidelines related to catheter use and catheter care to minimize catheter associated infections. Procedure: 3. Ensure the drainage spigot is not touching the floor, the tubing is free of kinks, the catheter is kept at an appropriate level to promote urine flow, and dignity is maintained.