

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105624	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Bonifay Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 306 West Brock Avenue Bonifay, FL 32425	
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 - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, medical record review, and facility policy review, the facility failed to develop a care plan with interventions for 1 of 1 resident sampled. (Resident #12)The findings include:On 2/03/2026 at 8:38 AM, an observation of Resident #12's room was made. Signage stated, Neutropenic precautions: clean hands before entering and when leaving room. Avoid raw or undercooked fruits or vegetables: raw or undercooked eggs or shellfish. No live flowers or plants. Do not enter if you feel unwell. A review of Resident #12's medical record was conducted. Resident #12 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including myelophthisis (a severe form of bone marrow failure), neutropenia (a condition with low levels of neutrophils, a type of white blood cell that fights infection), thrombocytopenia (a condition with an abnormally low number of platelets in the blood, leading to easy bruising and bleeding) and pancytopenia (a serious blood disorder characterized by a reduction in all three blood cell types -red cells white cells and platelets, leading to symptoms like fatigue, infections and easy bleeding). An active physician order dated 9/30/25 stated Neutropenic Precautions DX: Myelophthisis. The care plan included goals related to diagnoses including thrombocytopenia, Pancytopenia, Neutropenia, Myelofibrosis and Myelophthisis. The care plan did not have interventions related to neutropenic precautions.On 2/04/2026 at 9:17 AM, an interview was conducted with Staff F, a Registered Nurse (RN) and Minimum Data Set (MDS) coordinator. She reviewed Resident #12's care plan. She was asked to review the interventions related to resident's diagnoses of thrombocytopenia, pancytopenia, and Neutropenia. She confirmed the interventions should include neutropenic precautions and she stated she would add it into the care plan.		

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to provide needed tracheostomy supplies for 1 of 1 residents reviewed for tracheostomy care. (Resident #28)The findings include:An observation of Resident #28 was conducted on 02/03/2026 at 09:00 AM. The resident was in bed with tracheostomy in place (tracheostomy is a surgical procedure creating an opening (stoma) in the neck into the trachea to establish an airway, facilitate mechanical ventilation, or remove lung secretions). No extra tracheostomy inner cannula and obturator was observed at bedside (tracheostomy inner cannula and obturator are components of a tracheostomy tube system). Additional observations were made on 02/03/2026 at 12:45 PM, on 02/03/2026 at 02:35 PM, and on 02/04/2026 at 09:00 AM. No extra tracheostomy inner cannula and obturator was at the bedside at any of these times.A review of Resident #28's current comprehensive care plan indicates that Resident #28 has tracheostomy and is at increased risk for infection/complications. The care plan's interventions included to keep extra trach tube and obturator at bedside if tube is coughed out.An interview was conducted with Staff A, a licensed practical nurse, on 02/04/2026 at 09:45 AM. Staff A stated that a spare tracheostomy inner cannula and obturator is usually at bedside. Staff A looked through the resident's room and verified that Resident #28 did not have the spare equipment. Staff A stated that residents with a tracheostomy should always have spare tracheostomy inner cannula and obturator at bedside.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, medical record review and facility policy review, the facility failed to provide protective measures for 1 of 1 resident sampled for neutropenic precautions. (Resident #12)The findings include:On 2/03/2026 at 8:38 AM, Resident #12 was observed. Signage on the door stated, Neutropenic precautions: clean hands before entering and when leaving room. Avoid raw or undercooked fruits or vegetables: raw or undercooked eggs or shellfish. No live flowers or plants. Do not enter if you feel unwell. There was a second sign at door stating, Personal Protective Equipment: per standard precautions. Signage stated room cleaning: use facility policy for neutropenic precautions. However, there was no protective equipment (mask, gown, gloves) observed outside the room.On 2/03/2026 at 8:47 AM, Staff D, Certified Nurse Assistant (CNA), was observed exiting the resident's room with a tray. She was asked about the resident's signage. Staff D stated she was aware that Resident #12 was on neutropenic precautions. Staff D, CNA, was asked to explain what neutropenic precautions meant when entering the room. She explained it meant to wash hands before and after entering room. She stated she did not wear gloves, gowns or mask when she entered Resident #12's room. She further stated she had been instructed to wash hands but she did not have to wear a mask or any other protective equipment.On 2/03/2026 at 11:54 AM, an interview was conducted with the Director of Nursing (DON). She stated the facility did not have a policy for neutropenic precautions. She further stated the facility's protocol for a resident with neutropenic precautions was for staff to perform hand washing before having contact with patient, when touching resident, or when touching resident's belongings. The DON clarified that staff did not wear a mask because the resident was the one with a weakened immune system. The DON further stated if the resident came out the room, then the resident will wear a mask.A review of Resident #12's medical record was conducted. Resident #12 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including myelophthisis (a severe form of bone marrow failure), neutropenia (a condition with low levels of neutrophils, a type of white blood cell that fights infection), thrombocytopenia (a condition with an abnormally low number of platelets in the blood, leading to easy bruising and bleeding) and pancytopenia (a serious blood disorder characterized by a reduction in all three blood cell types -red cells white cells and platelets, leading to symptoms like fatigue, infections and easy bleeding). An active physician order dated 9/30/25 stated Neutropenic Precautions DX: Myelophthisis. A review of the facility provided in-service/education dated 2/2/26 was conducted. In-service education documentation titled Neutropenic precautions states Use standard precautions and wear a mask when entering the room. On 2/04/2026 at 9:05 AM, an interview was conducted with the DON. She was asked to explain the meaning of standard precautions. The DON stated standard precautions meant hand washing alone, did not involve any type of protective equipment. On 2/04/2026 at 2:20 PM, an interview was conducted with Staff C, Medical Doctor (MD) and Resident #12's primary doctor. He was asked to explain the meaning of neutropenic precautions. He stated neutropenic precautions were protective measures. He was asked the expectations in regards of neutropenic precautions for Resident #12. Staff C, MD stated he expected staff to wash their hands, and at minimum, to wear a mask when entering the room. He further stated a gown and gloves were very essential when providing care.A review of facility policy titled Standard Precautions, revised 8/2023, was conducted. The policy stated Standard precautions are used in the care of all residents regardless of their diagnoses or suspected or confirmed infection status. All employees are to practice standard precautions to reduce the risk of transmitting infections and the likelihood of exposure. Use of standard precautions applies to all resident care contacts. Under procedures, policy stated masks, eye protection, face shields: mask and eye protection or a face shield are worn to protect mucous membranes of the eyes, nose and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.		