

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105628	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Arabella Health & Wellness of Pensacola		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 W Avery St Pensacola, FL 32501	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observations, interviews, and record review, the facility failed to ensure that 1 of 3 residents reviewed for activities of daily living received the necessary services to maintain grooming and personal hygiene. (Resident #1)The findings include:On 2/25/2026 approximately 10:15 am during an interview with Resident #1, she reported she has not received a bath today or last night. She stated she gets cleaned sometimes during the day shift when she is wet or has a bowel movement. Her hair appeared oily and a noticeable body odor was present. Her skin was dry and flaky and clothes were stained and urine type smells were noted.An interview was conducted on 2/25/2025 at approximately 11:00 am with Staff A, a Licensed Practical Nurse. She stated the resident is scheduled for a bath during the night. She stated that, during shift change, night shift always reports that a bath is not being given for different reasons. Resident #1 did receive incontinent care during the day shift and sometimes a full bath is given when the resident or family request, because the bath was not given during the night shift. Per record review on 2/26/2026, it was found that Resident #1 was scheduled for a bath on Monday, Wednesday and Friday on night shift. However, the documentation showed the following: From 1/10/2026 through 1/25/2026 she only received one bath. From 1/26/2026 through 2/10/2026, she only received 3 bed baths. From 2/11/2026 through 2/26/2026, she received only one bath. On 2/26/2026 at approximately 3:00 pm, the Administrator and Director of Nursing were interviewed. After an extensive review of the records, they could not provide any other documentation for baths given to Resident #1.</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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