STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105628	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arabella Health & Wellness of Pensacola	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 44730 Based on observations, interviews, and record reviews, the facility failed to provide medications to meet the needs of 1 of 5 residents sampled for medication administration observation. (Resident #16) The findings include: On 2/19/25 at approximately 10:25 AM, an observation was made of Nurse B, a Licensed Practical Nurse, administering medications to Resident #16. During this observation, it was observed that the scheduled medication Azelastine HCL Nasal Solution 137 micrograms (a medication used to relieve sinus congestion) and Breo Elipta Inhalation aerosol powder 100-25 micrograms/ACT (a medication used to treat Chronic Obstructive Pulmonary Disease) were not available to administer as ordered to Resident #16. On 2/19/25 at approximately 10:40 AM, an interview was conducted with Nurse B, who indicated that she was not sure why the resident was out of these two medications, but that she would contact the pharmacy to have them sent in, and notify the physician to obtain an order to hold the medication until available. On 2/19/25 at approximately 10:50 AM, an interview was conducted with the Regional Nurse, who indicated it was her expectation that all medications be re-ordered from pharmacy in a timely manner. A review was conducted of the facility policy titled 5.0 Reordering, Changing, & Discontinued Medication Orders, states, Policy: The facility will communicate any medication reorders, changes, or discontinuations to the pharmacy in accordance with pharmacy guidelines and state/federal regulations; thus ensuring standardized process of communication. Procedure: A. All orders must clearly be communicated to the pharmacy by the facility. This includes resident's full name (first and last). B. Reorder/Refill Orders- (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

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Refills can be requested by placing the refill strip portion of the medication on the Refill Order Form and faxing to the pharmacy. 4. Electronic Orders: Refill orders can be submitted electronically from a prescriber through their escribing software or through a facilities EMAR (electronic medication record) system as long as the order is not discontinued.

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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. 42756 Based on observations, interviews, policy review, and record review, the facility failed to wear proper protective equipment during catheter care for 1 of 1 resident observed during catheter care (Resident #13), failed to maintain sterile processes during tracheostomy care for 1 of 1 residents observed during tracheostomy care (Resident #36), failed to implement their legionella (a water born virus) plan for surveillance and prevention, and failed to follow infection control processes during medication pass for 1 of 5 residents observed during medication pass (Resident #21), The findings included: Resident #13 On 2/19/25 at approximately 9:30 AM, an observation of Staff B, a Certified Nursing Assistant (CNA), was conducted as she provided catheter care for Resident #13. Staff B failed to apply a barrier gown before she provided catheter care for Resident #13, who had been placed on enhanced barrier precautions to protect him from a catheter associated infections. A review of the physician orders for Resident #13 was conducted. A foley catheter was ordered to be inserted for Resident #13 on 1/9/25. Catheter care was ordered to be completed for the resident every shift. A physician order dated 1/14/25 indicated that the resident was to be placed on enhanced barrier precautions. On 2/19/25 at approximately 10:00 AM, an interview was conducted with Staff B. When asked about why she did not apply a gown during catheter care, the CNA indicated that she should have worn a gown while she provided catheter care. On 2/20/25 at approximately 9:00 AM, an interview was conducted with the Director of Nursing (DON). She was notified that Staff B did not wear a gown during catheter care for Resident #13. The DON indicated that a gown should have been worn. She indicated that staff retraining has already been initiated. A review of the facility policy titled Enhanced Barrier Precautions, dated 3/20/2024, was conducted. The policy states, Enhanced Barrier Precautions is an infection control intervention designed to reduce the transmission of multidrug-resistant organisms. Enhanced Barrier precautions were indicated to employ targeted gown and glove use during high contact resident care activities. The policy further indicated that Enhanced barrier precautions were to be unutilized for residents with urinary catheters to prevent infections with multi-drug-resistant organisms. Resident #36 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/19/25, an observation was made as Nurse C, a Licensed Practical Nurse (LPN), provided tracheostomy care to Resident #36. When she opened the sterile kit, the kit was upside down causing the sterile gloves to come out first and the suction catheter and other items to land on top of the sterile gloves. Nurse C handled the suction catheter, the container to hold the normal saline, and drain sponge prior to applying the sterile gloves, thus rendering those items unsterile. During the process, Nurse C touched multiple surfaces that were not clean as she provided tracheostomy care. Nurse C proceeded to change the inner canula next using the same gloves she applied at the beginning of the process. Immediately after the observation, an interview was conducted with Nurse C. She was asked if tracheostomy care/changing the inner cannula should be conducted as a sterile procedure. She indicated that she will look at the physician orders to double check and see if sterile procedure should have been utilized. She later indicated that changing the inner canula should have been completed utilizing sterile processes. She was asked if she has received training regarding the process for tracheostomy care. She could not recall when she had been trained. On 2/20/25 at approximately 9:00 AM, an interview was conducted with the DON. The DON was notified that there was concerns regarding maintaining sterility during tracheostomy care as Nurse C changed the resident's inner cannula. The DON indicated that training had been completed regarding tracheostomy care by the facility recently. A review of the facility policy for Tracheostomy Care dated 1/5/25 was conducted. The policy indicated that suctioning should be performed utilizing sterile technique. Legionella plan On 2/20/25 at approximately 9:00 AM, the facility's maintenance director was asked to provide information regarding the facility's water surveillance process. The Maintenance Director indicated that water is being tested using test strips. A copy of the facility's water testing logs for the past year along with other documentation regarding the facility's program for prevention of waterborne disease was requested. The Maintenance Director indicated that water was being tested utilizing test strips but not being logged. He was asked to provide any documentation regarding the facility water management program along with a copy of the facility policy and procedure for water management. The Maintenance Director provided a copy of the facility water management program policy. The policy indicated that a risk assessment was to be conducted by the water management team annually to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system. The policy indicated that the Maintenance Director would maintain the facility's water management action plan and keep a copy in the facility water management program binder. The policy indicated that control measures were to be applied to address potential hazards at each control point in the water system. The policy further stated that a variety of measures would be utilized including physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens. These measures should be specified in the water management program action plan. Testing protocols and control limits will be established for each control measure. Individuals responsible for testing or visual inspections will document findings. The water management team were directed by the policy to regularly verify that the water management program is being implemented as designed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Maintenance Director did not provide information regarding the annual risk assessment as indicated in the facility's policy. There was no water management provided for review. The facility did not provide documentation that testing was being performed at the time of the survey. 44730 Resident #21 On 2/19/25 at approximately 9:36 AM, an observation was made of Nurse A during medication administration for Resident #21. Nurse A was observed to touch the inside of the medication cup, and the inside of the water cup with her bare hand. Further observations of Nurse A revealed that the nurse failed to clean the hub of the Lantus insulin pen (a medication used to treat Diabetes type II) with an alcohol swab prior to applying the needle. On 2/19/25 at approximately 10:00 AM, an interview was conducted with Nurse A, who indicated that touching the inside of the medication cup and water cup would be considered an infection control issue. Nurse A further confirmed that she did not clean the hub of the Lantus insulin pen prior to applying the needle and this too would be considered an infection control issue. On 2/19/25 at approximately 10:50 AM, an interview was conducted with the Regional Nurse, who indicated that it is the facility's expectation that the nurses do not touch the inside of the medication or water cups, and that the nurses also clean the hub of all insulin pens with alcohol prior to applying the needle. The Lantus SoloStar pen guide states under How to use your Lantus Solostar pen in 6 steps, Step 2. Attach the needle. * Wipe the pen tip (rubber seal) with an alcohol swab. The facility policy titled Infection Prevention and Control Program states, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Policy Explanation and Compliance Guidelines: 4. Standard Precautions: d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies.