

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Specialty Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6984 Pine Forest Road Pensacola, FL 32526	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>43857</p> <p>Based on record review, interviews and facility policy review, the facility failed to complete medication administration records (MARs) for 1 of 3 residents sampled for intravenous therapy. (Resident #316)</p> <p>The findings include:</p> <p>A review of Resident #316's medical record was conducted. A physician's order was found for Merrem (meropenem) intravenous solution reconstituted 500 mg (an antibiotic) every 8 hours for prophylaxes with a start date of 2/6/24 and a discontinue date of 2/28/24. Another physician's order stated that Cubicin (daptomycin) solution reconstituted 500 mg (another antibiotic) use 500 mg intravenously every 24 hours for prophylaxis related to right knee revision was to be started on 1/29/24 and discontinued on 2/28/24. A review of the MAR revealed Cubicin 500 mg was not documented on 2/7/24 at 5:00 pm and on 2/21/24 at 5:00 pm. Additionally, Merrem 500 mg was not documented on 2/7/24 at 10:00 pm, 2/16/24 at 2:00 pm, 2/21/24 at 10:00 pm, and on 2/23/24 at 10:00 pm</p> <p>On 7/10/24 at 4:05 pm, an interview was conducted with Staff A, a Licensed Practical Nurse (LPN) and unit manager. Staff A walked the surveyor through the process of documenting the MARs and stated there was a facility policy to fully documented whether the medication is given or not given.</p> <p>On 7/10/24 at 4:19 pm, an interview was conducted with Director of Nursing (DON). She stated it was facility's expectation to fully document on MARs.</p> <p>Facility policy titled Charting errors/omissions dated November 2001 was reviewed. Policy stated accurate medical records shall be maintained by the facility. Bullet 4 stated any hole or omitted documentation is considered an error/omission.</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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