STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105784	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manor at Blue Water Bay, The	1500 North White Point Road Niceville, FL 32578

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, record review, resident interview, and staff interview, the facility failed to ensure the interdisciplinary team (IDT) assessed and determined a resident was capable of self-administration of medications prior to allowing 1 of 16 sampled residents to self-administer medications. (Resident #30) The findings include: An observation of Resident #30 was conducted on 4/20/2026 at 12:51 PM. A medication cup containing several pills was observed to be sitting on her overbed table in her room. (Photographic evidence obtained.) During the observation, Resident #30 stated she thought she was asleep when the nurse brought the medications in her room. A review of Resident #30's electronic medical record revealed a self-administration of medication observation form dated 2/7/26, indicating the resident did not wish to self-administer medications, it was not appropriate for resident to self-administer any medications, and the resident had a history of dementia. The record revealed no care plan or current physician order for self-administration of medications. An interview was conducted with Employee A (Licensed Practical Nurse) on 4/20/26 at 12:59 PM. Employee A stated she gave the cup of medications to Resident #30 and did not observe her take the medications. Review of the undated facility clinical guidelines for Self-Administration of Medication revealed, .if a resident desires to participate in self-administration, the interdisciplinary team will assess the competence of the resident to participate, by completing a Self-Administration of Medication Evaluation. The nurse will interview the resident to determine their ability to identify, prepare, and administer medications. The nurse will obtain a physician's order for each resident conducting self-administration of medications. The nurse to educate the resident regarding reaction and side effects of the medication. Nurses will evaluate compliance of self-administration and record self-administered medications as indicated.

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