

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105924	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Blountstown Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16690 SW Chipola Rd Blountstown, FL 32424	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon record review and interviews, the facility failed to obtain written consent prior to starting psychotropic medications for 2 of 5 residents reviewed. (Resident #3 and #54)The findings include:On 12/16/25 at 2:09 pm a record review was conducted for Resident #3 who was initially admitted to facility on 8/3/23, then discharged and re-admitted on [DATE] with diagnoses that include Parkinsonism, Chronic Kidney disease, Cellulitis, Type 2 Diabetes, Major Depressive disorder, and Unspecified Dementia. Amongst the current medications, orders for Duloxetine HCl Oral Capsule Delayed Release Sprinkle 30 ms by mouth two times a day for depression/anxiety and Cimetidine Oral Tablet 200 MG tablet by mouth in the morning for off label use for sexually inappropriate behavior. An additional record review was conducted for Resident #54, who was admitted on [DATE] with diagnoses including Psychophysiologic Insomnia and Major Depressive Disorder. Current medications include Sertraline HCl Oral Tablet 100 MG one time a day for depression and Trazadone 100 mg at bedtime for mood disorder initiated on 10/23/25 increased to 150 mg on 11/21/25. Upon further review, no psychotropic medication consent forms for Resident #3 or Resident #54 informing of the risk and benefits for psychotropic medication use prior to initiating treatment was present. An interview was conducted with the Unit Manager on 12/18/25 at 10:00 am, who stated that the consent forms are usually scanned into the computer system for each individual. When this was not found, she acknowledged she could not find that any of these forms had been completed. At 12:20 pm an interview was conducted with the Director of Nursing (DON), stating that the facility has an ongoing performance improvement plan (PIP) for antipsychotic and psychotropic monitoring. The PIP was initiated in February 2025 for psychotropic medications, ensuring orders have the correct diagnosis, behavior monitoring, gradual dose reductions, and side effects being documented in the medical record with the target date of June 2025. Per the DON she states, this PIP does not address the psychotropic medication informed consent forms.		

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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on record review, staff interview, and policy review, the facility failed to complete an annual comprehensive assessment (minimum data set) at least every 12 months for 1 of 23 sampled residents. (Resident #59) The findings include: On 12/17/25, a review of Resident #59's medical record revealed the resident's required annual minimum data set update dated 11/13/25 was incomplete. An interview was conducted with the Director of Nursing (DON) and Minimum Data Set (MDS) Coordinator on 12/17/2025 at 2:51 PM. The DON stated the MDS coordinator was covering for the unit manager and herself and this caused the delay. The MDS Coordinator stated she reviews the dashboard for the MDS daily. The DON stated she did not know they were a month behind. Review of the facility policy for MDS Completion and Submission Timeframes (revised July 2017) revealed that the facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.		

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to ensure Minimum Data Set (MDS) Assessments were completed and transmitted within 14 days after a facility completed a resident's Quarterly MDS assessment for 2 of 23 MDS Assessments reviewed (Residents #73 and #10). The findings include: On 12/17/2025 at 2:37 PM, a review of the MDS Assessments for Resident #73 revealed the annual assessment was completed and submitted on 2-13-25. However, even though the required quarterly assessments were completed and submitted on 5-13-25 and 8-13-25, the current quarterly assessment dated [DATE] still shows in progress. Additionally, Resident #10's medical record review revealed that the current quarterly assessment dated [DATE] was in progress. On 12/17/2025 at 2:51 PM an interview with the MDS Coordinator and the Director of Nursing (DON) revealed these MDS Assessments are incomplete and are behind due to having to cover for the DON when they had some staffing shortages about a month ago. They usually do review the lists on a daily basis but could not because today was care plan day. They both confirmed the MDS assessment dated [DATE] is the oldest one not completed as of yet. Review of the MDS Completion and Submission Timeframes Policy and Procedure revision date July 2017 revealed, Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review, the facility failed to administer the pneumonia vaccination in a timely manner to 1 of 5 sampled residents that consented to receive the vaccine. (Resident #18) The findings include: A review of Resident #18's medical record revealed that the resident was admitted to the facility on [DATE] and that the resident's representative consented for him to receive the pneumonia vaccine on 9/24/25. The record revealed the pneumonia vaccine had not been administered to Resident #18 as of 12/18/25. An interview was conducted with the facility's Infection Prevention Nurse on 12/18/25 at 9:54 AM. The Infection Prevention Nurse stated the resident's daughter did not want the pneumonia vaccine given until after the COVID-19 outbreak the facility had was over, which lasted until the end of October 2025. She did not administer the pneumonia vaccine in November 2025 because she was waiting on the influenza vaccines to arrive and did not like to give the vaccines at the same time. She confirmed the resident should have received the pneumonia vaccine by now. Review of the facility policy for Pneumococcal Vaccine (Series) revised 8/4/25 revealed each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved standing orders.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review, the facility failed to administer the COVID-19 vaccine in a timely manner to 1 of 5 sampled residents who consented to receive the vaccine. (Resident #18)The findings include: A review of Resident #18's medical record revealed the resident was admitted to the facility on [DATE] and the resident's representative consented for him to receive the COVID-19 vaccine on 9/24/25. The record revealed the COVID-19 vaccine had not been administered to Resident #18 as of 12/18/25. An interview was conducted with the facility's Infection Prevention Nurse on 12/18/25 at 9:54 AM. The Infection Prevention Nurse stated the resident's daughter did not want the COVID-19 vaccines given until after the COVID-19 outbreak the facility had was over, which lasted until the end of October 2025. She did not administer the COVID-19 vaccine in November 2025 because she was waiting on the influenza vaccines to arrive and did not like to give the vaccines at the same time. She confirmed the resident should have received the COVID-19 vaccine by now. Review of the COVID-19 Vaccination policy revised 12/8/25 revealed it is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine. COVID-19 vaccinations will be offered to residents when supplies are available, as per CDC and/or FDA guidelines unless such immunization is medically contraindicated, the individual has already been immunized during this time period or refuses to receive the vaccine.		