

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 West Airport Blvd Pensacola, FL 32505	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>48176</p> <p>Based on record review and interview, the facility failed to act promptly to resolve and properly investigate grievances submitted for 2 out of 2 residents sampled. (Resident #54 and #21)</p> <p>The findings include:</p> <p>On 11/17/24 Resident #54 filed a grievance. The form stated that she was only getting grits, a slice of toast and a glass of tea. She included the meal card to show what she should be getting. Resident #54's meal card for 11/17/24 stated she should receive: a double protein at breakfast, bacon, hot cereal, biscuit, jelly, margarine, juice of choice, orange juice, coffee, creamer, sausage patty, English muffin, jelly, margarine, toast, jelly, margarine. This complaint was verbally communicated to the administrator and dietary. This section was signed by the business office manager (BOM) on 11/17/24. This investigation was assigned to dietary staff and the Kitchen Manager on 11/18/24. On the Findings portion of the form, all that was written was, On the menu we have a lot of no meat days. The Plan to Resolve Complaint/Grievance section was left blank. The Expected Results of Actions Taken section only stated, We are just following the menu. This section was not signed or dated. The third section was left blank. This section includes: Was the complaint/grievance resolved?, Is complainant satisfied?, and Who were the investigation findings reported to and how were the results communicated?. The signature and name of who completed that section are blank but Resident # 54 signed it on 11/22/24.</p> <p>Resident #21 filed a grievance on 11/18/24 with the Social Services Director (SSD) stating he has not received meat with his breakfast in the last 2 weeks. The grievance form stated it was assigned to dietary but no name was included. The findings of the investigation were, On the menu we have a lot of no meat days but we do have meat days to we are just following the menu. The Expected Results of Actions Taken section stated, We are just following the menu. The 3rd section was left blank and Resident #21 signed it on 11/22/24.</p> <p>During an interview held on 01/15/25 at 10:59 AM, Resident #54 stated she no longer gets meat with breakfast. When asked if she had filed a grievance, she stated, Not anymore, it does not make a difference.</p> <p>(continued on next page)</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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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/09/25 at 09:59 AM, an interview was held with the Regional Dietitian. When she was shown the grievances for Residents #54 and #21, she stated that those forms are not filled out correctly because it is unclear what staff did the investigation. She also stated, There is no actual investigation, saying the menu is being followed is not a resolution to a problem, this looks like they never even spoke to the residents. In my opinion those grievances are not acceptable.</p> <p>On 01/09/25 at 12:35 PM, during a meeting with the Facility Administrator (FA), she stated the grievances are not filled out properly and she is aware of the issue. She stated she created a performance improvement plan on 1/2/25 but has not implemented it.</p> <p>Per the facilities Policy/Procedure named Resident Rights, section 9 e, The facility is to ensure grievances have a written decision that includes the steps taken to investigate, a summary of pertinent findings or conclusions, corrective action taken or to be taken.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39374</p> <p>Based on record review, interviews, and policy review, the facility failed to ensure ordered medication was available to 1 of 8 residents observed for medication administration. (Resident #97)</p> <p>The findings included:</p> <p>A medication order for Resident #97 was reviewed and showed that methylprednisolone (a corticosteroid), a medication ordered to treat a flare up of muscular sclerosis (MS), was ordered for 5 days starting on 01/04/2025 but was not started until 01/08/2025. Muscular sclerosis is a disease that affects the central nervous system. An MS flare-up is an episode of new symptoms or a worsening of existing symptoms triggered by inflammation in the central nervous system for which corticosteroids are often prescribed to reduce inflammation and manage symptoms. A record review confirmed Resident #97 had a diagnosis of muscular sclerosis.</p> <p>The record for Resident #97 documented the medication was ordered by the Advanced Practice Nurse Practitioner (ARNP) on 1/2/2025 and confirmed on 1/3/2025 by Licensed Practical Nurse (LPN) C for methylprednisolone sodium succinate injection solution reconstituted 500 MG (milligrams) (Methylprednisolone Sodium Succinate). The order stated, Use 500 mg intravenously (IV) one time a day for MS flare for 5 Days. This order was discontinued on 01/06/2025 and the reason for discontinuation was listed as not covered by insurance.</p> <p>On 01/06/2025 at approximately 3:30 pm, an interview with LPN B took place regarding IV access observed in the left elbow of Resident #97. LPN B said she was told during shift turnover report that the medication was not covered by insurance and she did not administer the medication. The evening nurse supervisor, LPN C, was present and joined the interview and called ARNP D to inquire about the medication which was ordered to begin daily administration at 9:00AM on 01/04/2025. ARNP D said in a phone interview that the weekend physician coverage ordered the medication, and she was just hearing about it but could change the order to an oral dose if not covered by insurance for IV administration.</p> <p>On 01/06/2025, ARNP D changed the order to methylprednisolone oral tablet 32 MG (Methylprednisolone), give 20 tablets by mouth one time a day for MS flare for 5 Days.</p> <p>On 01/07/2025 at 2:33 PM, during observation of medication administration with LPN C, Resident #97 asked LPN C about getting the steroid to treat the flare up. LPN C explained the medication was not approved through her insurance. Later, LPN C explained the medication was still not available and had to be paid for by the facility.</p> <p>The medication administration record (MAR) for the doses scheduled at 9:00AM on 01/04/2025, 01/05/2025, and 01/06/2025 were initialed and included the code 12 which is noted on the MAR to indicate Medication on order from pharmacy/MD aware. The record contained no documentation of notification to an ordering provider.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the MAR on 01/09/2025 for Resident #97 contained documentation that the 9:00AM daily dose of oral methylprednisolone on 01/07/2025 was coded as 12 = medication on order from pharmacy/MD aware.</p> <p>On 01/08/2025 at 10:51 AM, the Director of Nursing (DON) said in an interview that medication not covered by insurance is not a valid reason for not administering a medication and the DON or a nurse supervisor should have been contacted to get a pharmacy override to administer the medication. ARNP D was present during the interview. The DON agreed that this example is considered a missed dose of medication and should have been communicated to her. The DON said she was made aware of the situation on 01/07/2025 and put in an override to the pharmacy to obtain the medication. The DON was asked to provide a policy about missed doses of medications but stated in a later interview on 01/09/2025 there may not be a policy specific to missed doses of medication.</p> <p>Review of policy titled Standards and Guidelines: Medication Administration; Section: Pharmacy Services, issued 10/2020 and most recent revision 01/2024 listed under the procedures Medications are administered in accordance with prescriber orders, including any required time frame and medication errors are documented, reported, and reviewed by the QAPI committee to inform process changes and or the need for additional staff training.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>28603</p> <p>Based on observations, record review, staff interviews, and policy reviews, the facility failed to ensure staff followed appropriate infection control processes to prevent contamination during 1 of 1 observations of wound care (Resident #3) and failed to ensure staff changed PICC (peripherally inserted central catheter) dressings in accordance with the physician order and facility policy for 1 of 1 sampled residents with a PICC line (Resident #156).</p> <p>The findings include:</p> <p>Resident #3</p> <p>An observation of wound care for Resident #3 was conducted on 1/8/25 at 10:30 AM with Employee A (Wound Care Registered Nurse). Employee A washed her hands, applied gloves, and removed the dressing from the left interior knee. Employee A then cleansed the wound. She then washed her hands and applied new gloves. Employee A then applied Santyl ointment, collagen powder, and CMC (carboxymethyl cellulose) fiber to the wound bed. Employee A then placed her soiled, gloved hand into her pocket to obtain her marker. She then dated a dressing with the marker and applied the dressing over the wound. After completing the dressing, Employee A placed the marker back in her pocket and did not sanitize the marker.</p> <p>An interview was conducted with Employee A on 1/8/25 at 10:51 AM directly after this observation. Employee A stated she had not been provided any formal wound care training in the facility. She stated she did not realize she placed her soiled, gloved hand in her pocket and normally she would date the dressing before she begins wound care. She stated she should have cleaned the marker before putting it back in her pocket.</p> <p>Review of the facility policy Cleaning/Disinfecting Equipment (revised 6/2024) revealed reusable items are cleaned and disinfected between residents.</p> <p>Resident #156</p> <p>An observation of Resident #156 was conducted on 1/8/25 at 4:57 PM. A PICC line was in his left upper arm with a dressing dated 12/31/24. Further observation of Resident #156 was conducted on 1/9/25 at 9:36 AM in the presence of the Director of Nursing (DON). The DON observed the PICC dressing and stated the dressing should have been changed weekly or as ordered by the physician. She verified the date on the dressing was 12/31/24 and stated it should have been changed by 1/7/25. (Photographic evidence obtained.)</p> <p>A review of Resident #156's medical record revealed a current physician order dated 1/5/25 to change the PICC dressing every 7 days and as needed. Review of the medication record revealed the dressing change was scheduled to begin on 1/5/25. The medication record was blank and not signed off for the PICC dressing change on 1/5/25.</p> <p>Review of the facility policy for Central Lines (revised 5/2024) revealed the central line dressing should be changed routinely and per the physician order.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>28603</p> <p>Based on record review, staff interview, and policy review, the facility failed to offer the 2024 influenza vaccine to 1 of 5 sampled residents (Resident #3) and failed to document the provision of education regarding the benefits and potential side effects of the 2024 influenza vaccine and pneumonia vaccine for 5 of 5 sampled residents. (Residents #3, #37, #46, #54, and #73)</p> <p>The findings include:</p> <p>A review of Resident #3's medical record revealed the resident had not been offered an influenza vaccine since 11/10/23. No education had been documented as provided for Resident #3 regarding the influenza vaccine since 2022.</p> <p>A review of Resident #37's medical record revealed no education regarding the pneumonia vaccine had ever been documented.</p> <p>A review of Resident #46's medical record revealed no education regarding the influenza vaccine had been documented since 2021.</p> <p>A review of Resident #54's medical record revealed no education regarding the pneumonia vaccine had ever been documented.</p> <p>A review of Resident #73's medical record revealed no influenza education had been documented since 2022 and no pneumonia education had ever been documented.</p> <p>An interview was conducted with the Assistant Director of Nursing (ADON) on 1/9/25 at 11:59 AM. She stated she had no evidence of education for the 5 sampled residents and confirmed that Resident #3 had not been offered the influenza vaccine in 2024.</p> <p>Review of the facility policy for Immunizations- Influenza and Pneumonia (revised 2/2024) revealed residents who have no medical contraindications to the influenza vaccine will be offered the vaccine annually. Prior to vaccination, the resident or legal representative will be provided information and education regarding the benefits and potential side effects of the vaccines. Such education shall be documented in the resident's medical record.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28603</p> <p>Based on record review, staff interview, and policy review, the facility failed to offer the 2024 COVID-19 vaccine to 4 of 5 sampled residents. (Residents #37, #46, #54, and #73)</p> <p>The findings include:</p> <p>A review of Residents #37, #46, #54, and #73's medical records revealed the residents had not been offered the COVID-19 vaccine in 2024. An interview was conducted with the Assistant Director of Nursing (ADON) on 1/9/25 at 10:53 AM. The ADON stated the last time the facility offered the COVID-19 vaccine to residents was in November 2023. She stated it should be offered annually and they just have not done so.</p> <p>Review of the facility policy for COVID-19 (revised 6/24/24) revealed COVID-19 vaccines are offered to residents and staff in accordance with CDC guidance.</p> <p>Review of the current CDC (Centers for Disease Control) recommendations for COVID-19 vaccines in the long term care setting was accessed at https://www.cdc.gov/covid/vaccines/long-term-care-residents.html on 1/10/25 at 11:10 AM. The CDC recommendations were:</p> <p>*Everyone ages 6 months and older should get a 2024-2025 COVID-19 vaccine.</p> <p>*Children ages 6 months-4 years may need more than 1 updated COVID-19 vaccine dose to be up to date.</p> <p>*CDC recommends everyone ages 5-[AGE] years, including people who live and work in long-term care (LTC) settings, get 1 dose of a 2024-2025 COVID-19 vaccine.</p> <p>*CDC recommends everyone ages [AGE] years and older, including people who live and work in LTC settings, get 2 doses of a 2024-2025 COVID-19 vaccine 6 months apart.</p> <p>*People who are moderately or severely immunocompromised should get at least 2 doses of 2024-2025 COVID-19 vaccine 6 months apart. They may also get more age-appropriate doses, beyond two doses at least 2 months apart, after talking to a healthcare provider.</p>		