

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  106048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Pruitthealth - Santa Rosa		STREET ADDRESS, CITY, STATE, ZIP CODE  5530 Northrop Road Milton, FL 32570	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>35609</p> <p>Based on record reviews, policy review and interview, the facility failed to ensure the reporting of an injury of unknown source for 1 of 3 residents reviewed. (Resident #1)</p> <p>The findings include:</p> <p>On 11/13/24, a record review was conducted for Resident #1. The resident was admitted for respite under hospice services on 10/10/24. The resident had reported pain to the right leg and an X-ray was ordered, which revealed a fracture of the right hip. The resident was transported to the emergency room as ordered. The resident had a diagnosis of dementia and could not say how they were injured. The resident did not have any documented falls.</p> <p>On 11/13/24 at approximately 11:46 AM, an interview was conducted with the Director of Nursing (DON). The DON stated she did not file a federal report for suspected abuse based upon an injury of unknown origin. She stated she was instructed by the Administrator not to do so.</p> <p>On 11/13/24 a review of the facility policy Reporting Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Property, 12/1/21, revised 7/29/23, states injuries of unknown origin to be reported . within 2 hours after the allegation is made .</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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