

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Coral Bay at Pensacola, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Gregory St Pensacola, FL 32502	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observations, interviews, and record review, the facility failed to maintain a complete and comprehensive care plan for 1 of 4 residents sampled. (Resident #1)</p> <p>The findings include:</p> <p>Per record review, on 5/27/25 at approximately 5:45 AM, staff responded to yells for help from the fourth-floor dining room and noted that Resident #1 was hitting Nurse A. The resident was separated from the nurse and assisted to his room to calm down by Nurse B. Resident #1 was seen by the Psychiatric Advance Practice Registered Nurse (APRN) following incident with orders to continue monitoring. Per the record, the staff implemented 15 minute checks on Resident #1 for the next 48 hours.</p> <p>A review of Resident #1 electronic medical record revealed that he had a care plan for physical aggression evidenced by striking out, hitting, kicking, throwing things, spitting at staff, refusing showers, and refusing care. The care plan was dated 7/14/22 with a revision on 5/27/25. No new interventions were noted on 5/27/25 and there was no care plan update noted for enhanced rounding of every 15-minute checks. Review of the physician orders for resident #1 revealed no order for enhanced rounding of 15-minute checks.</p> <p>On 6/10/25 at approximately 12:36 PM, an interview was conducted with the Director of Nursing (DON), who indicated that enhanced rounding and 1 on 1 supervisions are not put into the system as orders but stated it is started as a care plan for the residents as an intervention. The DON further stated that the care plan update for enhanced rounding for Resident #1 was missed. The DON indicated that, when they have morning meetings, they discuss any issues and, if interventions need to be implemented, they place them on the alert boards on the nurses carts to notify them of any changes and update the care plans.</p> <p>At approximately 2:00 PM an interview was conducted with the Social worker who indicated that he had reviewed the care plan for Resident #1 and updated the behavior. The Social Worker further indicated that it was his understanding the nursing staff updated any interventions for nursing for the enhanced rounding.</p> <p>At approximately 2:30 PM, an interview was conducted with the Minimum Data Set (MDS)/Care Plan Nurse, who indicated that the updates on care plans are normally a team effort that the MDS coordinators and social workers share. The MDS/care plan nurse confirmed that the enhanced rounding every 15-minute checks was not included on the residents care plan.</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
---	-------	-----------