

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 09/12/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>28603</p> <p>Based on observation, staff interview, record review, and policy review, the facility failed to ensure the interdisciplinary team (IDT) assessed and determined if a resident was capable of self-administration of medications prior to allowing 1 of 37 sampled residents to self-administer medications. (Resident #171)</p> <p>The findings include:</p> <p>An observation of Resident #171 was conducted on 9/10/24 at 2:39 PM. Resident #171 nodded yes when asked if he was completing his own tracheostomy care. He then pointed to a tube of mupirocin ointment that was not secured and was laying on the sink. (Photographic evidence was obtained)</p> <p>An interview was conducted with Employee H (registered nurse) on 9/10/24 at 2:35 PM. She stated Resident #171 performed his own tracheostomy care. A review of Resident #171's record revealed no assessment to determine if the resident was capable of self-administering his own medications and treatments. A review of the progress notes for September 2024 revealed that on 9/10/24, 9/9/24, 9/5/24, 9/4/24, 9/2/24, and 9/1/24, the resident declined tracheostomy care from staff and provided his own tracheostomy care.</p> <p>An interview was conducted with the Director of Nursing (DON) on 9/10/24 at 3:30 PM. She stated the facility has a process to assess the resident before allowing them to self-administer medications. She stated this resident refused to allow the nursing staff to perform the tracheostomy care. The DON stated she would have the nursing staff complete an assessment for him to self-administer the medication and treatment.</p> <p>A review of the facility policy Self-Administration of Medications (revised February 2021) revealed, .residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. As part of the evaluation comprehensive assessment, the IDT assesses each resident's cognitive abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the 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
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>28603</p> <p>Based on observation, record review, staff interview, and policy review, the facility failed to provide nail care to dependent residents for 1 of 10 residents sampled for activities of daily living (ADL). (Resident #12)</p> <p>The findings include:</p> <p>An observation of Resident #12's fingernails on her right hand was conducted with the Director of Nursing (DON) on 9/11/24 at 9:42 AM. The DON observed and measured the nail length of the 5th digit on the resident's right hand and stated the nail measured 1.5 cm past the nail bed. The DON stated this was not an acceptable nail length due to the status of the resident's right hand. A further interview was conducted with the DON on 9/12/24 at 9:42 AM. The DON clarified the resident's right hand was contracted. The 4th digit's nail on the resident's right hand was almost as long as the 5th digit's nail, but the DON was unable to measure the 4th digit due to the hand being contracted.</p> <p>A review of Resident #12's record revealed a quarterly minimum data set with an assessment reference date of 5/29/24. indicating the resident had a functional limitation in range of motion on one side in the upper extremity and required supervision or touching assistance for personal hygiene. A review of the resident's current care plan dated 9/9/24 stated that the resident was dependent on staff for toilet hygiene, showers, footwear, personal hygiene, sit to lying, sitting on side of bed, and transfers. The record revealed no documented refusal of nail care or documentation that nail care was performed.</p> <p>A review of the facility policy Care of Fingernails/Toenails (revised February 2018) revealed, .the purposes of this procedure are to clean the nail bed, to keep nails trimmed, and prevent infections. Nail care includes daily cleaning and regular trimming. The date and time that nail care was given, the name and title of the individual who administered the nail care, and if the resident refused the treatment, the reason why and the intervention taken should be recorded in the record.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>44730</p> <p>Based on observations, staff interviews, record review, and facility policy review, the facility failed to provide treatment and care in accordance with professional standards and facility policy for 1 of 1 resident sampled for non-pressure related skin conditions. (Resident #123)</p> <p>The findings include:</p> <p>An observation of Resident #123 was conducted on 09/09/2024 at approximately 12:15 PM. The resident was observed to have an undated dressing located on his left lower arm. Another observation of Resident #123 was conducted on 09/10/2024 at approximately 2:40 PM, which revealed that the resident continued to have an undated dressing located on his left lower arm. On 09/11/2024, at approximately 5:14 PM, another observation was made in the presence of Employee B (licensed practical nurse), who confirmed there was an undated dressing located on the lower arm of Resident #123. Employee B indicated that the wound care nurse completes the dressings to Resident #123 during the week. On 09/11/2024 at approximately 5:30 PM, an observation of Resident #123's left lower arm was conducted in the presence of Employee A, the facility's wound care nurse. Employee A verified that the dressing to the left lower arm was not dated. She further confirmed that she had removed the dressing today and received orders from the wound care provider pertaining to the skin tear to left wrist today during wound care rounds. Employee A indicated that the wound was new to her this week and confirmed that there was no order for the dressing or documentation of the skin tear in Resident #123's electronic medical record (EMR).</p> <p>A review of Resident #123's EMR, conducted on 09/11/2024, revealed that there was no order for wound care to the left lower arm and no documentation of a skin tear noted to the left wrist/lower arm of the resident.</p> <p>On 09/11/2024 at approximately 5:45 PM, an interview was conducted with the Director of Nursing (DON) concerning the skin tear to Resident #123's left lower arm. The DON confirmed that there was no documented order in the EMR for the left lower arm/wrist area for Resident #123. The DON further indicated that it is her expectation that the nurse notifies the provider of any new skin issues and obtain an order for treatment, which should be placed in the EMR, and the resident's representative should also be notified.</p> <p>The facility policy titled SKIN TEARS-ABRASIONS AND MINOR BREAKS, CARE OF LEVEL II states,</p> <p>PURPOSE:</p> <p>The purpose of this procedure is to guide the prevention and treatment of abrasions, skin tears, and minor breaks in the skin.</p> <p>PREPARATION:</p> <ol style="list-style-type: none"> 1. Obtain a physician's order as needed. Document physician notification in medical record. 2. Review the resident's care plan, current orders, and diagnoses to determine resident needs. <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<ol style="list-style-type: none"> 3. Check the treatment record. 4. Generate Non-Pressure form and complete. 5. Assemble the equipment and supplies as needed.

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>28603</p> <p>Based on record review, staff interview, and policy review, the facility failed to appropriately monitor physician ordered magnesium levels for 1 of 5 sampled residents reviewed for unnecessary medications. (Resident #78)</p> <p>The findings include:</p> <p>A review of Resident #78's record revealed the resident received Magnesium Oxide 400 mg by mouth four times a day since 9/15/23. A review of the current physician orders revealed an order for a magnesium level every 6 months with other routine labs dated 7/6/23. A review of the record revealed no Magnesium level monitoring or documented refusal of the Magnesium level since the order date of 7/6/23.</p> <p>An interview was conducted with the Director of Nursing (DON) on 9/11/24 at 3:19 PM. She stated she was not able to locate the Magnesium level. The DON confirmed the Magnesium level was not completed and the record revealed no documented attempts or refusals.</p> <p>The facility policy, Lab and Diagnostic Test Results-Clinical Protocol (revised November 2018) states, .the physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. The staff will process test requisitions and arrange for tests. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>44730</p> <p>Based on observations, staff interviews, and policy review, the facility failed to dispose of garbage and refuse properly during the initial and follow-up tour of the facility's kitchen and garbage collection bins located outside the facility.</p> <p>The findings include:</p> <p>On 09/09/2024 at approximately 11:20 AM, a tour of the kitchen and facility garbage bins outside the facility was performed with the Dietary Manager. During the tour, trash was located around the garbage compactor and the cardboard box trash bin was on the ground. The cardboard box trash bin was noted to have a hole in the bin located in the forklift port in which cardboard boxes could be identified. The Dietary Manager indicated that she would notify the Maintenance Manager of the hole in the bin and have the bin replaced. The Dietary Manager further indicated that she was not sure why there was trash on the ground behind the garbage compactor bin but would have the area cleaned up.</p> <p>On 09/11/2024 at approximately 04:59 PM, a follow-up observation was conducted of the facility's outside garbage bins area with the Administrator. The Administrator confirmed that there was a hole located on the right side of the cardboard box bin and you could see the boxes through the hole. The Administrator further confirmed that there was trash scattered on the ground surrounding the trash bins and that it was her expectation that the bins be sealed to contain the trash, and no trash is to be on the ground around the trash bins. (Photographic evidence obtained).</p> <p>The facility policy titled Dispose of Garbage and Refuse, dated October 2019, states,</p> <p>Policy Statement</p> <p>It is the center policy all garbage and refuse will collected and disposed in a safe and efficient manner.</p> <p>Action Steps</p> <ol style="list-style-type: none"> 1. The Dining Services Director coordinates with the Director of Maintenance to insure that the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris. 2. The Dining Services Director will ensure proper practice for handling garbage and refuse including: Appropriate lined containers are available with the food service area, Appropriate lids are provided for all containers, Garbage and refuse is removed from the kitchen area routinely during the day and at the end of the work day, All staff observe proper hand washing practice after handling garbage or refuse. 3. The Dining Services Director will be responsible for appropriate re-cycling practices are in place as outlined by the local authorities. 		

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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>50082</p> <p>Based on observations, staff interviews, review of the electronic medical record (EMR), and the facilities policy on Isolation-Initiating Transmission Based Precautions (TBP), the facility failed to implement TBP for Resident #8, diagnosed with extended-spectrum B-lactamase (ESBL) urinary tract infection (UTI).</p> <p>The findings include:</p> <p>On 09/10/24 at approximately 04:20 PM, the room of Resident #8 was observed without TBP signage or any isolation set up including personal protective equipment (PPE). (photographic evidence obtained)</p> <p>On 09/11/24 at approximately 10:22 AM, during an interview with Staff K, the unit manager, it was confirmed that any resident with ESBL UTI should be on contact precautions, including TBP signage and isolation set up by the door. The unit manager confirmed that there was no TBP signage or isolation set up on the door of Resident #8 but agreed that there should be one.</p> <p>On 09/11/24 at approximately 10:30 AM, Staff F, the infection preventionist (IP), confirmed in the EMR that the provider placed the order for antibiotics on 9/6/2024 for ESBL UTI. The IP indicated that Resident #8 should have had a contact isolation order and TBP isolation set up when the antibiotic was ordered on 9/6/2024. The IP indicated that any nurse can place a resident on TBP.</p> <p>On 09/11/24 at approximately 11:25 AM, Staff K stated she is not aware of any process to monitor for new infections when the IP is not on site. There is a house supervisor on the weekend that would have access to the isolation set up.</p> <p>On 09/11/24 at approximately 11:44 AM, the Director of Nursing (DON) stated that, on the weekends, the house supervisor reviews orders for residents that are being readmitted to the facility from the hospital. If a resident needs to be on TBP, they would initiate this.</p> <p>A review of the EMR revealed that Resident #8 has a diagnosis of PERSONAL HISTORY OF URINARY (TRACT) INFECTIONS. A review of the physician orders for Resident #8 revealed an order placed on 9/6/2024 for Augmentin Oral Tablet 500-125 MG (Amoxicillin & Pot Clavulanate) Give 1 tablet by mouth every 12 hours for UTI RESISTANCE DUE TO (ESBL) EXTENDED SPECTRUM B-LACTAMASE for 7 days.</p> <p>A review of the providers progress note for Resident #8 dated 9/9/2024 stated, Patient reports still having burning with urination - urinalysis on 9/4/2024 was positive for UTI, antibiotics started - end date 09/13/2024.</p> <p>A review of the facility policy named Isolation-Initiating Transmission Based Precautions revised August 2019, states Transmission-based precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. (photographic evidence obtained)</p>		