STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106117	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olive Branch Health and Rehabilitation Center	8325 University Parkway Pensacola, FL 32514

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interview, and record review, the facility failed to ensure medications were stored securely for 10 of 15 residents observed. (Residents #2, #3, #4, #5, #6, #7, #8, #9, #10, #11)On 2/23/2026 at approximately 10:00 am, during a tour of the facility, medications were observed located on the bedside table in the rooms of Residents #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11. No staff were present in the rooms at the times observed.On 2/23/2026 at approximately 10:00 am, upon entering the room of Resident #8, the resident was observed seated in the room. A medication cup containing oral medication was noted on the bedside table. During the observation, Resident #7 picked up the medication cup and began taking the medications independently. No licensed nurse or staff member was present in the room at this time. Record review revealed no physician order authorizing self-administration of medication and no documented assessment of the resident's ability to safely self-administer medications for Resident #7.On 2/24/2026 at approximately 7:30 am, during a tour of the facility, medications were observed on the bedside table in the rooms of Resident #2, #3, #4, #5, #6, #7, #9. #10, and #11. No staff was present in the rooms at this time. On 2/24/2026 at approximately 1:00 pm, record reviews revealed no physician orders authorizing self administration of medication and no documented assessment of the resident's ability to safely self-administer medications for Residents #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11.On 2/24/2026 at approximately 8:00 am, Staff G, Registered Nurse, was observed during medication administration. The nurse followed standard medication administration practice. During the interview, Staff G mentioned medications are not to be left at bedside and residents must be observed swallowing all medications given in the presence of the nurse. She could not explain how the medications observed were left in the rooms

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