

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER Pruitthealth - Panama City		STREET ADDRESS, CITY, STATE, ZIP CODE 3212 Jenks Avenue Panama City, FL 32405	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review, the facility failed to report all alleged violations of misappropriation of resident property to the State Survey Agency and adult protective services for 1 of 1 sampled allegations of misappropriation of resident property. (Resident #1)The findings include:During a review of the facility investigation documentation for an alleged drug diversion, it was revealed on [DATE] that the Director of Health Services (DHS) was made aware of a possible drug diversion for a card of 59 oxycodone (narcotic pain medication) 10 mg tablets for Resident #1. The card of oxycodone was missing and the narcotic sheet for the oxycodone was located in medical records with a line drawn through the sheet. On [DATE] at 11:56 AM, the DHS called Staff A (Licensed Practical Nurse) and requested she return to the facility for a meeting. On [DATE] at 12:30 PM, Staff A returned to the facility and met with the DHS and Facility Administrator. Staff A was asked where the missing card of 59 oxycodone 10 mg tablets was located. Staff A first stated that she destroyed them in the medication room since the resident had expired. After further questioning regarding Staff A not following the policy for destroying medications, she then stated she took all 59 oxycodone tablets home, and she could go home and get them. On [DATE] at 2:30 PM, Staff A returned to the facility with a full card of 59 tablets of Oxycodone 10 mg tablets which was taped completely on the back of the card with black electrical tape. The tablets were verified to be Oxycodone tablets by the pharmacist. An interview was conducted with the DHS on [DATE] at 3:07 PM. She stated she did not consider the drug diversion an allegation of misappropriation of property and did not report it as a federal report to the State Agency. A follow-up interview was conducted with the DHS on [DATE] at 8:32 AM. She stated the facility did not report the drug diversion to adult protective services because they only followed the adverse incident path. The facility policy for Investigation of Patient Abuse, Neglect, Exploitation, Mistreatment, and Misappropriation of Property (revised [DATE]) revealed on page 3, a written report of the investigation and follow-up should be submitted to the appropriate agency within five working days of the occurrence, unless otherwise indicated. If indicated, the Ombudsman and the law enforcement agency should also be notified. Review of the facility policy for Controlled Substances for Healthcare Centers (revised [DATE]) revealed on page 8: any major discrepancy, a pattern of discrepancies, or evidence of apparent criminal activity will be reported to the Administrator and the Consultant Pharmacist. A determination will be made by the Administrator, the Consultant Pharmacist and executive management staff concerning possible notification of police or other law enforcement agencies and any other action to be taken.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 106121
		If continuation sheet Page 1 of 1