

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. Based on observation and interviews, the facility failed to provide residents with a private location to conduct resident council meetings for 1 of 1 observed resident council meetings. The findings include: During the observation of the scheduled resident council meeting on 7/28/26 at approximately 12:30 p.m., the meeting was interrupted on three separate occasions. At approximately 12:35, the Business Office Manager entered to retrieve a resident. At approximately 12:45, the Business Office Manager returned to inform the group the resident would not be returning to the meeting. At approximately 12:50, a third interruption occurred when the Infection Control staff member entered regarding resident care. Residents stopped discussing meeting business during each interruption. On 7/28/26 at approximately 1:49 p.m., an interview was conducted with the Activities Director Assistant, who stated, I did not know meetings should not be interrupted and a sign placed on the door, but I intend to begin putting a sign to Do Not Disturb on the door for further meetings. On 7/28/26 at approximately 2:05 p.m., an interview was conducted with the Activities Director, which stated my assistant has only been with me for a month and I thought I left her with all of the instructions to handle the meeting but I did not tell her about putting a sign on the door. On 7/28/26 at approximately 2:15 p.m., an interview was conducted with the Director of Nursing (DON), who acknowledged the meeting had been interrupted after it had begun and stated the staff had not been adequately instructed to avoid entering resident council meetings and indicated education would be provided. The DON further stated a Do Not Disturb sign would be implemented for future meetings. On 7/28/26 at approximately 2:50 p.m., an interview was conducted with the Resident Council President. She stated interruptions have occurred previously and residents have become reluctant to discuss concerns because meetings are not consistently private.		

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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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 07/29/2026
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on record review and staff interviews, the facility failed to develop a comprehensive plan of care related to dementia care for 1 of 1 resident sampled for dementia care. (Resident #6) The findings include: The facility policy for Care Plans (revised 10/21/25) states, It is the policy of the health care center for each resident to have a person-centered baseline care plan followed by a comprehensive care plan developed following the completion of the Minimum Data Set (MDS) and Care Area Assessment (CAA) portions of the comprehensive assessment according to the Resident Assessment (RAI) Manual and resident choice. The comprehensive care plan should describe the following: The services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, any services that would otherwise be required but are not provided due to the resident's exercise of rights including the right to refuse treatment and action taken by the facility staff to educate the resident and resident representative, if applicable, regarding alternatives and consequences. A review of Resident #6's electronic medical record revealed a current diagnosis of Alzheimer's disease. Review of the admission Minimum Data Set (MDS), with an assessment reference date of 6/10/26, revealed the resident had a Brief Interview of Mental Status (BIMS) score of 10 (moderate cognitive impairment) and a diagnosis of Alzheimer's disease. The Care Area Assessment worksheet for the 6/10/26 MDS Cognitive Loss/Dementia dated 6/25/26 revealed the resident had a BIMS score of less than 13. The form also stated Alzheimer's disease or other dementias, confusion, disorientation, forgetfulness, care plan decision: yes, to manage any moods or behaviors. Review of the current physician orders revealed the resident was currently receiving Seroquel 50 mg daily. Seroquel is an antipsychotic medication. Review of the resident's current comprehensive care plans revealed no care plan related to Alzheimer's disease, cognitive loss, or dementia care. An interview was conducted with Employee A (MDS Licensed Practical Nurse) on 7/28/26 at 3:16 PM. Employee A stated that, when a resident has a diagnosis of Alzheimer's disease, they create a care plan regarding cognition and any behaviors. The care plan would speak to orienting the resident, care they are performing, and activities. She stated she thought his BIMS score was 13 and she did not proceed to care plan the Alzheimer's dementia. She confirmed the BIMS score was a 10. An interview was conducted with the Director of Nursing (DON) on 7/28/26 at 3:29 PM. The DON stated, based on the resident's Alzheimer's diagnosis, BIMS of 10, and the CAA worksheet, the resident should have been care planned for dementia.		