

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER DE Luna Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9310 Fowler Ave 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)
<p>F 0761</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>50447</p> <p>Based on observations, staff interviews, review of the electronic medical record, and review of the facilities policies and procedures, the facility failed to provide safe and secure storage of medications for 1 of 5 residents reviewed for medications. (Resident #233)</p> <p>The findings include:</p> <p>On 4/28/25 at approximately 1:30 PM, Resident #233 was observed in her room with a Lidocaine patch (a medication used for pain) on the nightstand table. There was also observed a round orange pill on a washcloth on the bedside table.</p> <p>On 04/29/25 at approximately 08:15 AM, the Lidocaine patch and orange pill was once again observed on the nightstand. This was brought to the attention of Staff D, a Registered Nurse. The medication and the patch were removed out of the room at this time.</p> <p>On 4/30/2025 at 8:47 AM a record review of the medication administration record for Resident #233 revealed an order for Lidocaine patch and Calcium Carbonate (which was the previously observed orange pill).</p> <p>The facility's Policy and Procedure for Medication storage states that all drugs and Biologicals will be storage in locked compartments. During the medication pass, medications must be under direct observation of the person administering medications or locked in the medication storage cart.</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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