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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106140 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/16/2025 |
| NAME OF PROVIDER OR SUPPLIER Pruitthealth - Southwood | | STREET ADDRESS, CITY, STATE, ZIP CODE 2301 Bluff Oak Way Tallahassee, FL 32311 | |
| 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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>(continued on next page)</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Based on record review, staff interview, and policy review, the facility failed to provide specialized rehabilitative services as indicated in the comprehensive plan of care and physician orders for 2 of 3 sampled residents reviewed for specialized rehabilitative services. (Resident #8 and #10) The findings include: Resident #8A review of Resident #8's medical record revealed a physician order dated 6/16/25 for physical therapy (PT) to be provided daily 6 times per week for 6 weeks for cerebral infarction due to embolism of the left posterior cerebral artery and muscle weakness. Treatment includes therapeutic exercise, therapeutic activities, neuromuscular reeducation, gait training to increase strength, balance and endurance in order to improve bed mobility, transfers and gait. The mode of treatment is via individual, group, and/or cotreat. A review of Resident #8's comprehensive plan of care dated 6/15/25 revealed a care plan for Activities of Daily Living (ADL) decline related to cerebrovascular accident, recurrent urinary tract infection, dizziness, mood disorder, depression, and generalized anxiety disorder with an intervention dated 6/15/25 for physical therapy/occupational therapy to evaluate and treat. A review of Resident #8's PT evaluation and plan of treatment for certification period dated 6/16/25-6/17/25 indicated the resident was to receive physical therapy 6 times a week daily times 6 weeks. Review of the treatment notes revealed a missed physical therapy visit on 6/23/25 due to a staffing shortage, a missed physical therapy visit on 7/1/25 due to a staffing shortage, a missed physical therapy visit on 7/10/25 due to the resident eating dinner at 5:50 PM, and a missed physical therapy visit on 7/11/25 due to a staffing shortage. Resident #10A review of Resident #10's medical record revealed a physician order dated 8/5/25 for occupational therapy (OT) to be provided daily 6 times per week, for 8 weeks for medical conditions and treatment diagnosis. Treatment includes ADL retraining, therapeutic exercise, therapeutic activities, neuromuscular reeducation, and wheelchair management. The mode of delivery is via individual, group, and/or cotreat therapy. The medical record also revealed a physician order dated 8/4/25 for speech therapy (ST) to be provided daily, 5 times per week, for 6 weeks for treatment of receptive/expressive speech/language deficits due to aphasia. Skilled treatments include therapeutic tasks, compensatory strategy training, patient/caregiver education, graded speech/language tasks, and development/implementation of carryover activities. The mode of delivery includes individual, concurrent, cotreatment, and group therapy. A review of the comprehensive plan of care for activities of daily living decline related to recent hospitalization with left cerebrovascular accident dated 8/1/25 revealed an intervention dated 8/1/25 for PT and OT to evaluate and treat and a comprehensive plan of care for nutrition risk dated 8/1/25 with an intervention dated 8/1/25 for ST to evaluate and treat. Review of the OT evaluation and plan of treatment for certification period 8/4/25 -9/2/25 revealed the resident was to receive OT daily, 6 times a week for 8 weeks. Review of the ST evaluation and plan of treatment for certification period 8/4/25- 9/14/25 revealed the resident was to receive ST daily, 5 times a week for 6 weeks. Review of the occupational therapy visit documentation revealed a missed visit on 8/23/25 due to staffing. Review of the ST visit documentation revealed missed visits on 8/28/25 and 8/29/25 due to staffing issues. An interview was conducted with Employee A (Physical Therapist) on 9/16/25 at 11:05 AM. Employee A stated they were having a staffing shortage and using as needed (prn) therapists. The prn therapists would usually come in the evening around 4-6 PM and at times the residents would be eating. An interview was conducted with the Administrator on 9/16/25 at 4:16 PM. The Administrator stated he was not aware of therapy missing visits due to staffing issues. He was aware therapy had hired some more staff. Review of the facility policy for Therapy Evaluations (revised 5/13/2020 version 6) revealed, It is the policy of Pruitthealth Therapy Services that all physician's orders for therapy evaluations be addressed in a timely manner by Physical, Occupational and/or Speech Therapy as designated by the physician. The evaluation will include discipline-specific findings related to the patient/resident's functional status and underlying impairments and prior functional level.</p> | | |