STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106156	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pruitthealth - Pensacola, LLC	1371 West 9 Mile Road Pensacola, FL 32534

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 - Few	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, interviews and record review, the facility failed to ensure that medications were securely stored and administered under appropriate supervision for 3 out 31 sampled residents. (Residents #5, #55, #113) The findings include:On 3/9/2026 from 9:15 am through 11:00 am, a tour of the facility was conducted. The following observations were noted:Resident #113 had an antifungal powder in the resident's bathroom. Resident #55 had a tube of Voltaren cream (a cream used for arthritis pain) and a bottle of TUMS at the resident's bedside.Resident #5 had a tube of corticosteroid cream (cream used for various skin conditions), a bottle of Prevagen (a nutritional supplement), and a bottle of aspirin was at the bedside. (Photographic evidence obtained of all three rooms)On 3/10/2026 at 11:00 am, a review of Resident # 5's records revealed no orders for Prevagen, Aspirin, or Corticosteroid cream were found. A review of Resident # 55's records revealed no order for Voltaren cream or TUMS. A review of Resident #113's record revealed no orders for an antifungal powder. None of these residents had any care planning or orders to allow self-administration of medications.On 3/11/2026 at 8:30 am, an interview with the Director of Nursing was performed to review these findings. She acknowledged that there was no orders available for the medications or for self-administration of medications for Resident # 55, Resident #5, or Resident #113.On 3/11/2026, a review of the facility's Medication Administration Policy: General Guidelines (Last review 7/28/2025) states that Medications are administered in accordance with written orders of the attending Physician and that patients/residents are allowed to self-administer medications when specifically authorized by attending Physician and in accordance with procedures for self administration.

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