Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023		
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	P CODE		
For information on the nursing home's	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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)		
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	and neglect by anybody. **NOTE- TERMS IN BRACKETS IN Based on observation, record reviet facility failed to honor resident right sampled residents. (Resident #1, # behavior and cognitive impairment Resident #8, enter the room of Resunclothed, and wander in the room. The situation resulted in a finding of the findings of Immediate Jeopa unavailable and did not return until a K level to an E, pattern no actual Jeopardy was removed on 4/20/23 removal of immediacy actions which immediate training of staff on abust residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic residents for abuse concerns, immediate training of staff on abustic resident #2 An observation and attempted interesident was in his bed covered with resident was observed to be moving the facility of	AVE BEEN EDITED TO PROTECT Comes, staff interviews, resident interviews to be free from or the likelihood of phes, #9, #10, #16, #17). This failure allow, to expose his genitals to Resident #1, sident #9 and #10 and get into the occurs of Resident #16 and Resident #17. If Immediate Jeopardy. The facility's Reardy on 4/19/23 at approximately 1:30 Phesident with potential for no more than in the approximately 3:15 PM when the facts included placing Resident #2 on one epolicies, auditing of resident records ediate federal reports were filed with the states daily for immediate response to any 1, F835, and F867. Tryiew was conducted with Resident #2 the a sheet. The surveyor knocked on the poken and the surveyor. The surveyor reards hand under the sheet. The reside ling himself. The observation was term	ONFIDENTIALITY** 28603 s, and facility policy review, the sysical and sexual abuse for 6 of 20 wed Resident #2, with known sexual have a physical altercation with upied bed of Resident #9 while egional Administrator was notified M. The Administrator was ardy deficiencies was reduced from ninimal harm level. Immediate cility provided evidence of the to one constant staff supervision, for abuse concerns, interviewing the state agency, and developing a y allegations or concerns. On 4/18/23 at 3:23 PM. The the door and asked to enter. The mained at the doorway. The tent then pulled back the sheet and		

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: 105935

If continuation sheet Page 1 of 38

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIF Pensacola Nursing & Rehabilitation for information on the nursing home's X4) ID PREFIX TAG		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZII 235 West Airport Blvd Pensacola, FL 32505	(X3) DATE SURVEY COMPLETED 04/20/2023
Pensacola Nursing & Rehabilitation for information on the nursing home's	n Center	235 West Airport Blvd Pensacola, FL 32505	P CODE
or information on the nursing home's		Pensacola, FL 32505	
	plan to correct this deficiency, please cont	l tact the nursing home or the state survey a	
X4) ID PREFIX TAG		- '	gency.
	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
evel of Harm - Immediate eopardy to resident health or safety Residents Affected - Some	had diagnoses of Wernicke's enception B-1), restlessness and agitation, psiminimum data set with an assessmunderstood, required supervision to disorganized thinking was present, Resident #2's current care plan was masturbating, throwing himself on the included educating the resident on resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coprogress note read resident's behavior resident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another resident was moved brief and the progress note read, CNA report continued behavior even after being psychiatry. On 4/14/23 at 10:55 PM room thinking it was his bedroom, he was redirected to his room and oreceived for one time dose of Serocindicated the provider's review of the inappropriate behavior towards staff resident was moved to a different he	record revealed the resident was admitted phalopathy (degenerative brain disorder bychosis, dementia, and generalized an ent reference date of 2/1/23 revealed For ambulate, had moderately impaired control and no limitation was present in range and no limitation was present in range and no limitation was present in range is initiated 11/30/2020 for a behavior profile floor, kicking staff, and refusing medical successful coping and interaction strates why certain behaviors are inappropriate why certain behavior towards the control of the cont	recaused by the lack of vitamin xiety disorder. The quarterly Resident #2 was rarely or never agnitive skills, inattention and of motion. Soblem related to frequently lications. The interventions agies; if reasonable, discuss the ate; and provide a program of 2 PM, the nurse was notified that artified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that are unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, th time and brief changes, resident into another resident's rief intact, then climbed into bed, for agitation and new order progress note dated 11/21/22 arevealed 1 episode of sexually notice dated 2/24/23 indicating the efacility provided point of care

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 105935

If continuation sheet Page 2 of 38

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	ago she heard a CNA walked in an Resident #2's bed watching Resident #2 bed watching Resident #2 pulling of time. She reported the incident to E A telephone interview was conduct she found Resident #1 sitting on Rigone to the bathroom and took his were pulled down. She stated she was conducted with the Administrator of record for the facilial Administrator through 2/16/23. She (Resident #1) with his penis arouse An interview was conducted with the of the incident between Resident #4 allegedly pushed a female reside Administrator and DON, complete and Administrator and DON, complete and Administrator and DON, complete and the incident she documented on 2/16/2 nurse practitioner, director of social An interview was conducted with the morning meeting about the incident other resident's bed and the other investigation into the incident. Resi remember if the incident was discussed in the resident was conducted with the came into her room toward the end then grabbed his arm to try to get held threatened by Resident #2 and	mployee K (CNA) on 4/18/23 at 8:54 A on his penis and Resident #1 sitting on Employee G (LPN) and had Resident # ed with Employee E (CNA) on 4/18/23 esident #2's bed with his penis aroused brief off but he had on shorts. She did did not recall which nurse she informed he Regional Administrator on 4/18/23 at a sity from 1/10/23 through 2/14/23 and e had no knowledge of Resident #2 beinged. She stated she would expect staff to the Administrator on 4/18/23 at 3:48 PM 1 and #2 and she was not aware of the lent. The staff would be expected to repair full investigation, and follow the facilitied with Employee D (LPN) on 4/19/23 aregarding Resident #1 and #2 and she	AM. She stated about 3 months ago the foot of Resident #2's bed at the 1 return to his side of the room. at 12:25 PM. Employee E stated dt. It looked like Resident #1 had not recall if Resident #1's shorts dt. t 12:48 PM. She stated she was the the then oriented the new ng found on his roommate's bed to report this to Administration. She stated she had no knowledge to incident on 2/20/23 when Resident to those allegations to the try policy and procedure for abuse. at 11:59 PM. She recalled the he reported the incident to the stated she recalled hearing in a teard one of the residents was on the hand. She was not aware of any room. The ADON could not esident #8 stated that Resident #2 the dhim to get out of her room. She arm at her throat. She stated she Resident #8 revealed staff were

facility. The incident on 4/14/23 regarding Resident #2 getting in bed with Resident #9 was discussed in the morning meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had n specific training regarding how to handle resident sexual behaviors. An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 had entered Resident #8's room. Resident #8 then pushed Resident #2 out of the room and Resident #2 swung his hands in the air at Resident #8 but did not make physical contact. Employee Q stated she reported the incident to administration during the stand down meeting. She was not aware of any specific training regarding resident sexual behaviors. Employee Q stated Resident #2 often masturbated in his room, and he was able to ambulate unassisted.				No. 0936-0391
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, PL 32805 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) An interview was conducted with Employee P (Registered Nurse (RNI)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8's room was discussed in the moning meeting the residenty for resident health or safety Residents Affected - Some Residents Affected - Some Residents Affected - Some Residents Affected - Some An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:01 AM. She stated the moning meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had no specific training regarding how to handle resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and the state of the resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 and #8 the following day on 2/21/23. The staff of the moning the staff resident #2 and #8 the following day on 2		IDENTIFICATION NUMBER:	A. Building	COMPLETED
Pensacola, FL 32505 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES [Each deficiency must be preceded by full regulatory or LSC identifying information) An interview was conducted with Employee P (Registered Nurse (RNI)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8* room was discussed in the morning meeting the Tuesday following the 2/20/23 incident (2/21/23). The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were present in the meeting. Resident #2 was subsequently not the other side of the facility. The incident on 4/14/23 regarding Resident #2 getting in bed with Resident #8 was subsequently meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had no specific training regarding how to handle resident sexual behaviors. An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 had dentered Resident #8's room. Resident #8 then pushed Resident #2 out of the room and Resident #2 swung his hands in the air at Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 had entered Resident #8's room. Resident #8 then pushed Resident #2 out of the room and Resident #4 swung his hands in the air at Resident #8 normal for the masturated in his room, and he was able to ambulate unassisted. An interview was conducted with Employee O (CAN) on 4/19/23 at 12:54 PM. Employee O stated, Resident #2 plays with his genitals, he takes out his privates and wiggles it around. The last time she cared for Resident #8 are always conducted with the SSD on 4/19/23 at 12:35 PM. He stated he was made aware of Resident #2 attempting to go into Resident #8 aroom in February 2023. He believes the facility investigated the incident. H	NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, Z	P CODE
(IXA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) An interview was conducted with Employee P (Registered Nurse (RN)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8's room was discussed in the morning meeting the safety rused by following the 2/20/23 incident (2/21/23). The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were present in the meeting. Resident #2 was subsequently moved to the other side of the facility. The incident on 4/14/23 regarding Resident #2 was subsequently moved to the other side of the morning meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had no specific training regarding how to handle resident sexual behaviors. An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 band that the arrange the sexual behaviors. An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #8 but did not make physical contact. Employee Q stated she resported the incident to administration during the stand down meeting. New son to aware of any specific training regarding resident sexual behaviors. Employee Q stated Resident #2 often masturbated in his room, and he was able to ambulate unassisted. An interview was conducted with Employee O (CNA) on 4/19/23 at 12:54 PM. Employee O stated, [Resident #2] plays with his genitals, he takes out his privates and wiggles it around. The last time she cared for Resident #2, he asked her to get in bed with him. An interview was conducted with the Social Services Director (SSD) on 4/19/23 at 2:55 PM. He stated her was made aware of Resident #2 at empting to go into Resident #3 and #2 at 5PM. He regarding the incident betw	1 dileadola i tarenig a i teriabilitation deliter			
F 0600 An interview was conducted with Employee P (Registered Nurse (RNI)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8's room was discussed in the moning meeting the safety of resident health or safety from the safety of the resident flow of the safety of the resident flow of the resident flow of the safety of the resident flow of the safety of the resident flow of the resident flow of the safety of the	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
Level of Harm - Immediate jeopardy to resident health or safety (2012a) inclean (2012a). The Director of Nursing (2010a) and Assistant Director of Nursing (400Nb) were present in the meeting, Resident #2 was subsequently moved to the other side of the facility. The incident on 4/14/23 regarding Resident #2 getting in bed with Resident #3 was discussed in the morning meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had in specific training regarding how to handle resident sexual behaviors. An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 swung his hands in the air at Resident #3 but did not makely pixelic contact. Employee Q stated she reported the incident to administration during the stand down meeting. She was not aware of any specific training regarding resident sexual behaviors. Employee Q stated Resident #2 often masturbated in his room, and he was able to ambulate unassisted. An interview was conducted with Employee O (CNA) on 4/19/23 at 12:54 PM. Employee O stated, [Resident #2] plays with his genitals, he takes out his privates and wiggles it around. The last time she cared for Resident #2, he asked her to get in bed with him. An interview was conducted with the Social Services Director (SSD) on 4/19/23 at 2:15 PM. He stated he was made aware of Resident #2 attempting to go into Resident #8 from in February 2023. He believes the facility investigated the incident. He interviewed the unit manager (Employee Q) and Resident #8 regarding the incident. At further interview was conducted with the SDD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident between exident #3 and #2 o 2/16/23. It did not occur to him that he needed to complete a full investigation because the nurse did not state the resident spar are severed to report the language of the reside	(X4) ID PREFIX TAG			ion)
she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #3 but entered Resident #3 to the nounsel Resident #8 to the pushed Resident #3 to the room and Resident #4 swungh is hands in the air at Resident #8 but did not make physical contact. Employee Q states she reported the incident to administration during the stand down meeting. She was not aware of any specific training regarding resident sexual behaviors. Employee Q stated Resident #2 often masturbated in his room, and he was able to ambulate unassisted. An interview was conducted with Employee O (CNA) on 4/19/23 at 12:54 PM. Employee O stated, [Resident #2] plays with his genitals, he takes out his privates and wiggles it around. The last time she cared for Resident #2, he asked her to get in bed with him. An interview was conducted with the Social Services Director (SSD) on 4/19/23 at 2:15 PM. He stated he was made aware of Resident #2 attempting to go into Resident #8 around February 2023. He believes the facility investigated the incident. He interviewed the unit manager (Employee Q) and Resident #8 regarding the incident. A further interview was conducted with the SSD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident. A further interview was conducted with the SSD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident. A further interview was conducted with the SSD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident. #1 and #2 o 2/16/23. It did not occur to him that he needed to complete a full investigation because the nurse did not state the resident's penis was out. He stated, I am in crisis management in the facility, meaning I have residents that are always coming to the office, and I'm constantly putting out fires. Regarding the incident on 2/20/23, he stated he did not review the progress notes in the record. He reported his findings to the current	Level of Harm - Immediate jeopardy to resident health or safety	the incident involving Resident #2 going into Resident #8's room was discussed in the morning meeting the Tuesday following the 2/20/23 incident (2/21/23). The Director of Nursing (DON) and Assistant Director of Nursing (ADON) were present in the meeting. Resident #2 was subsequently moved to the other side of the facility. The incident on 4/14/23 regarding Resident #2 getting in bed with Resident #9 was discussed in the morning meeting on 4/17/23 and the DON and ADON were present. Employee P (RN) stated she has had no specific training regarding how to handle resident sexual behaviors.		
#2] plays with his genitals, he takes out his privates and wiggles it around. The last time she cared for Resident #2, he asked her to get in bed with him. An interview was conducted with the Social Services Director (SSD) on 4/19/23 at 2:15 PM. He stated he was made aware of Resident #2 attempting to go into Resident #8's room in February 2023. He believes the facility investigated the incident. He interviewed the unit manager (Employee Q) and Resident #8 regarding the incident. A further interview was conducted with the SSD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident between Resident #1 and #2 on 2/16/23 and Resident #2 and #8 on 2/20/23. He stated he did not interview the CNA that observed Resident #1 and #2 o 2/16/23. It did not occur to him that he needed to complete a full investigation because the nurse did not state the resident's penis was out. He stated, I am in crisis management in the facility, meaning I have residents that are always coming to the office, and I'm constantly putting out fires. Regarding the incident on 2/20/23, he stated he did not review the progress notes in the record. He reported his findings to the current Administrator. An interview was conducted with the DON on 4/19/23 at 2:26 PM. She stated there was a good possibility she had been notified of some of the allegations regarding Resident #2 during a meeting. An additional interview was conducted with the DON on 4/20/23 at 9:35 AM. She stated she did not feel the incidents on 2/16/23 and 2/20/23 were thoroughly investigated. The DON stated, she usually came in on Mondays and would go over anything that happened over the weekend and that did not occur for this incident. A follow-up interview was conducted with the Administrator on 4/20/23 at 9:35 AM. She stated the staff are expected to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The facility reports the allegations of abuse to the regional staff, state agency, and Departm		she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 had entered Resident #8's room. Resident #8 then pushed Resident #2 out of the room and Resident #2 swung his hands in the air at Resident #8 but did not make physical contact. Employee Q stated she reported the incident to administration during the stand down meeting. She was not aware of any specific training regarding resident sexual behaviors. Employee Q stated Resident #2 often masturbated in		
was made aware of Resident #2 attempting to go into Resident #8's room in February 2023. He believes the facility investigated the incident. He interviewed the unit manager (Employee Q) and Resident #8 regarding the incident. A further interview was conducted with the SSD on 4/19/23 at 2:36 PM. He provided documented interviews with Employee D regarding the incident between Resident #1 and #2 on 2/16/23 and Resident #2 and #8 on 2/20/23. He stated he did not interview the CNA that observed Resident #1 and #2 on 2/16/23. It did not occur to him that he needed to complete a full investigation because the nurse did not state the resident's penis was out. He stated, I am in crisis management in the facility, meaning I have residents that are always coming to the office, and I'm constantly putting out fires. Regarding the incident on 2/20/23, he stated he did not review the progress notes in the record. He reported his findings to the current Administrator. An interview was conducted with the DON on 4/19/23 at 2:26 PM. She stated there was a good possibility she had been notified of some of the allegations regarding Resident #2 during a meeting. An additional interview was conducted with the DON on 4/20/23 at 9:35 AM. She stated she did not feel the incidents on 2/16/23 and 2/20/23 were thoroughly investigated. The DON stated, she usually came in on Mondays and would go over anything that happened over the weekend and that did not occur for this incident. A follow-up interview was conducted with the Administrator on 4/20/23 at 9:35 AM. She stated the staff are expected to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The facility reports the allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The facility reports the allegations of abuse to the regional staff, state agency, and Department of Children and Families. The SSD did complete an investigation for the incidents on 2/16/23 and 2/20/23. The Administrator was asked if she		1 10		
she had been notified of some of the allegations regarding Resident #2 during a meeting. An additional interview was conducted with the DON on 4/20/23 at 9:35 AM. She stated she did not feel the incidents on 2/16/23 and 2/20/23 were thoroughly investigated. The DON stated, she usually came in on Mondays and would go over anything that happened over the weekend and that did not occur for this incident. A follow-up interview was conducted with the Administrator on 4/20/23 at 9:35 AM. She stated the staff are expected to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The facility reports the allegations of abuse to the regional staff, state agency, and Department of Children and Families. The SSD did complete an investigation for the incidents on 2/16/23 and 2/20/23. The Administrator was asked if she felt the investigations were thorough, she stated she could not answer the question. She stated it was hard to investigate when you do not know what is going on and, in her absence, the DON would be in charge of the facility.		was made aware of Resident #2 at facility investigated the incident. He the incident. A further interview wa documented interviews with Emplo Resident #2 and #8 on 2/20/23. He 2/16/23. It did not occur to him that state the resident's penis was out. residents that are always coming to 2/20/23, he stated he did not review	tempting to go into Resident #8's room interviewed the unit manager (Employs conducted with the SSD on 4/19/23 and the properties of the stated he did not interview the CNA the henceded to complete a full investigated. I am in crisis management is the office, and I'm constantly putting of the office, and I'm constantly putting of the office, and I'm constantly putting of the office.	in February 2023. He believes the yee Q) and Resident #8 regarding at 2:36 PM. He provided Resident #1 and #2 on 2/16/23 and hat observed Resident #1 and #2 on tion because the nurse did not in the facility, meaning I have but fires. Regarding the incident on
expected to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The facility reports the allegations of abuse to the regional staff, state agency, and Department of Children and Families. The SSD did complete an investigation for the incidents on 2/16/23 and 2/20/23. The Administrator was asked if she felt the investigations were thorough, she stated she could not answer the question. She stated it was hard to investigate when you do not know what is going on and, in her absence, the DON would be in charge of the facility. 46833		she had been notified of some of the allegations regarding Resident #2 during a meeting. An addition interview was conducted with the DON on 4/20/23 at 9:35 AM. She stated she did not feel the incider 2/16/23 and 2/20/23 were thoroughly investigated. The DON stated, she usually came in on Mondays would go over anything that happened over the weekend and that did not occur for this incident. A follow-up interview was conducted with the Administrator on 4/20/23 at 9:35 AM. She stated the state expected to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or Interview the allegations of abuse to the regional staff, state agency, and Department of Chi and Families. The SSD did complete an investigation for the incidents on 2/16/23 and 2/20/23. The Administrator was asked if she felt the investigations were thorough, she stated she could not answer question. She stated it was hard to investigate when you do not know what is going on and, in her ab		uring a meeting. An additional I she did not feel the incidents on usually came in on Mondays and
				upervisor, Administrator, or DON. ency, and Department of Children 2/16/23 and 2/20/23. The stated she could not answer the

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	•	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)	
F 0600	Resident #9 & Resident #10			
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	A record review was conducted on 04/18/2023 at approximately 8:30 AM for Resident #9. Resident #9 has diagnoses to include: chronic obstructive pulmonary disease with acute exacerbation, asthma, acute respiratory failure with hypoxia, pneumonia, mobility, assistance with personal care, difficulty walking, repeated falls, muscle weakness, systolic and diastolic heart failure, chronic atrial fibrillation, malignant neoplasm of temporal lobe, anemia, and abdominal aortic aneurysm.			
	The record revealed no documentation in Resident #9's chart regarding the incident with Resident #2 entering her room and getting into bed with her.			
	An interview was conducted on 04/17/2023 at approximately 12:00 PM with Resident #9. Resident #9 stated, About four or five days ago, a man came into my room, took his clothes off and got into bed with me. I was in my bed, and he got into bed with me. That poor guy didn't have a chance. I started beating his back and telling him to get out. I'm not sure where he touched me at because I was hitting him so much. The staff finally came and got him out of my bed. It took a bunch of them to get him out of here.			
	An interview was conducted on 04/17/2023 at approximately 12:15 PM with Resident # 10. Resident #10 stated, We have some people who wander around and come into our room. But they have dementia. This was a completely different situation. It was very scary. He had his hands on her. I don't know what part of her body exactly. But I did see him touching her. I went to the door and screamed so loudly. I have a pretty big mouth. I was screaming for help. He was going to do something to her. It took a few of them to get him out of here. (Resident #10's account of the incident in which Resident #2 got into the bed with Resident #9)			
	An interview was conducted on 04/17/2023 at approximately 2:00 PM with the Director of Nursing (DOI The DON stated she did get a message regarding Resident #2 going into Resident #9's room on Friday 04/14/2023. The DON stated that Resident #2 does get confused and does wander around the facility. DON stated, We did call the Administrator and our Corporate team to report it to them. The DON stated haven't had any other reports of similar situations with Resident #2. He was moved from one side of the building to the other side because of complaints from other residents of snoring from this resident. So, moved him. The DON stated the facility corporate team consisted of the [NAME] President of Clinical Operations, Clinical Regional Administrator, and [NAME] President of Operations.			
An interview was conducted on 04/18/2023 at approximately 9:30 AM with Staff A (LPN). Staff A was at the nurses' station, and we heard [Resident # 9's] roommate, [Resident # 10] at her door the hallway. We all ran down there, and we saw his shirt, pants, and shoes on the floor beside R bed. [Resident #2] had gotten in bed with her and woke her up. Then the roommate yelled out fo had to redirect [Resident #2] out of the room. We called and got medication ordered for him to ca down. He didn't touch her that we know of. [Resident #2] does have behavioral issues. He does out of people's rooms. He must be constantly redirected. He has been pacing and fidgeting. He t feces around. He has had increased agitation lately. And he does get aggressive. Staff A reporte having an abuse in-service and additional in-services in the future. Staff A stated, But I am not stand to the process to report anything or what I am supposed to report.		ident # 10] at her door yelling down as on the floor beside Resident #9's roommate yelled out for help. We on ordered for him to calm him vioral issues. He does walk in and cing and fidgeting. He throws his pressive. Staff A reported recently		
	(continued on next page)			

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
	NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		P CODE
		Pensacola, FL 32505	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	ion)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	An interview was conducted on 04/18/2023 at approximately 12:45 PM with the DON. The DON stated, If I know of an issue with any type of abuse, I will report it to my corporate team and start an investigation. I did not start an investigation this past Friday because I didn't think it was really anything. But I would start my investigation within an hour or two of finding out and then report it.		
Residents Affected - Some	An interview was conducted on 04/18/2023 at approximately 2:50 PM with Staff B (CNA). Staff B stated, [Resident #2] wanders sometimes. He went into [Resident #9's] room and got in bed with her while she was sleeping. We escorted him out and took him back to his room. [Resident #2] didn't do anything sexual with her. He took off his clothes with his brief on and got onto the bed with her. Staff B reported that Resident #2 has wandered in other rooms before. But we keep an eye on him and try and redirect him.		
	An interview was conducted on 04/19/2023 at approximately 10:45 AM with the Administrator. The Administrator stated, I am not aware of any instances of abuse being reported to me. I was in orientation that first week (this Administrator started at the facility on 02/14/2023). I was not in all the morning meetings. The first four days were me acclimating to the facility and being oriented. I do know that both residents (Residents #1 and #2) have had behaviors since I have been there. I don't remember the behaviors that were being talked about. But I do know they have had some behaviors.		
	Additional Incidents of Wandering Into Residents Rooms Unsupervised		
	An interview was conducted on 04/19/2023 at approximately 9:30 AM with Resident #16. Resident #16 stated, [Resident #2] used to come into my room. But I don't think he meant any harm. I would just tell him to get out. Resident #16 stated Resident # 2 never tried anything with me or sat on my bed or anything.		
	An interview was conducted on 04/19/2023 at approximately 9:45 AM with Resident #17. Resident #17 stated, Yes. [Resident #2] has been in our room twice. It was a couple of months ago. [Resident #2] was naked when he came into our room. They moved him to another area of the building. [Resident #2] has never sat on my bed or done anything in front of me.		
	Property (8/22/22) revealed, It is the verbal, sexual, physical and mental kind, exploitation, and misapproprial practices and omissions, which if leavith respect and dignity at all times uniqueness of all individuals with respect and care. Residents will not be subject to the verbal property of the care.	vention of Resident Abuse, Neglect, Mi ee policy of this Center that each reside I abuse; corporal punishment; involunta ation of property. In addition, each reside eft unchecked, could lead to abuse. Full by The Center will foster an environment egards to person-centered care and to ected to abuse by anyone, including but aff, contract staff, family members, frie	ant has the right to be free from any seclusion; mistreatment of any dent will be protected from those of their, each resident will be treated to that recognizes the worth and promote respect and set standards to their thinks to their their to be free from the standards to their th
		d a removal plan for F600 with immedia aal abuse. The facility's removal plan in	
	1. Resident #2 placed on one-on-o	one supervision 4/19/2023.	
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIE	 ER	STREET ADDRESS, CITY, STATE, ZIP CODE	
	Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	2. All current residents in the facility 4/19/2023. 3. Administrator and Director of Nu Services on facility policy and proceabuse with consultation with Region 4. Residents #8, #9, #10 to be eval support from exposure to sexual at 5. 100% of interviewable residents 6. In-services and competencies of following dates: a. 4/19/2023 - 90% of all staff compositions b. 4/20/2023 - 100% of all staff compositions policy and procedure, invest 7. Upon hire and annually, all staff 8. Immediate federal reporting for a 9. Immediate federal reporting for a 2/20/2023. 10. DON or designee to audit progrinvestigated starting 4/20/2023. 11. This issue was resolved on 4/2 APS notification 4/17/2023 and 4/1 education completed for all areas, so daily to be aware of concerns not residue to the same of concerns not residue to t	y audited for concerns of abuse in the resing (DON) and department heads ededures of sexual abuse, investigations, nal Administrator on 4/19/2023. uated 4/20/2023 and followed by psychouse. were interviewed for concerns with care ompleted on abuse policy and procedure objects. d to work until all topic education and prigation and report was completed. will complete abuse in servicing by state abuse completed for resident #2 on 4/1 abuse co	resident records completed ucated by Director of Clinical and reporting into allegations of n APRN to provide psychosocial re or abuse 4/19/23. re, inservices completed on the ost in-service competency test for ff developer or designee. 7/2023 for 4/14/2023. 8/2023 for 2/16/2023 and te with areas of concern to be placed on one-on-one supervision, mpleted for all occurrences, staff or auditing the residents' records at (QAPI) at an ad-hoc meeting on I Services Director, MDS Director, use, investigations, reporting and
		M, Immediate Jeopardy deficiencies wa al for no more than minimal harm level.	
	(

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1	105935	A. Building	04/20/2023	
	100000	B. Wing		
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE	
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd		
		Pensacola, FL 32505		
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 DEFIC		on)	
	(Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0600	On 4/20/23 at 11:04PM, Resident #2 was observed to in bed while his 1:1 supervision staff was seated at the resident's open bedroom door. This started on 4/19/23 according to documentation reviewed.			
Level of Harm - Immediate jeopardy to resident health or safety	Evidence of the resident record audits was provided to surveyors and dated 4/20/23. Upon review all residents were audited and no additional concerns were identified.			
Residents Affected - Some	Staff education in-services for the Administrator, DON, and other Department Heads, related to sexual abuse reporting, sexual abuse, investigative processes, and investigations was reviewed. Training dated for 4/19/23. The facility provided a sign-in sheet with 18 staff signatures. Interviews with Administrator, DON, and at least 3 other Department Heads validating reeducation.			
	One Hundred percent of staff received staff education on abuse policy and procedures, inservices verified to have been completed on 4/19-4/20/23. Staff interviews conducted with at least 10 staff(non-administrative) from various shifts and departments which indicated training was received. Staff were able to verbally recite abuse policies and procedures they recently received in re-education related to abuse.			
	Review of staff files for verification of abuse training upon hire. Education provided included but not limited to an explanation of abuse, signs and symptoms of abuse, and reporting. 3 recently hired staff records reviewed verifying training had been completed.			
	Review of records for Residents #8, #9, and #10 revealed orders dated 4/20/23 for Psych eval and treat for psychosocial support status post resident interaction in her room. Observed Psychiatric Provider seeing Resident #10 on 4/20/23 at approximately 11:47AM.			
	The Facility developed and conducted a Questionnaire for interviewable residents on 4/18-4/19/23. Interviewed a total of 6 residents and all confirmed that facility staff had interviewed them about abuse and staff concerns. No additional concerns identified.			
		orting for abuse was completed for resided confirm all three incidents had been		
	Review of audits completed of prog No additional concerns noted.	gress notes and EMAR (Electronic Med	lication Administration Records).	
	Review of Meeting Notes and Interview with the Administrator verified adhoc QAPI meeting on 4/18/223 to discuss supervision for Resident #2 and concerns with sexual abuse, investigations, reporting and an update to the facility's action plan started on 4/17/23.			
	1			

			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	·	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.	
(X4) ID PREFIX TAG	X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Develop and implement policies an **NOTE- TERMS IN BRACKETS H Based on observation, record revie facility failed to implement their poli (Resident #1, #2, #8, and #9) This impairment, to expose his genitals the occupied bed of Resident #9 ur to the State Survey Agency or abus effective interventions to protect vu The situation resulted in a finding o of the findings of Immediate Jeopar unavailable and did not return until 3:15 PM when the facility provided Resident #2 on one to one constan of resident records for abuse conce	d procedures to prevent abuse, neglect AVE BEEN EDITED TO PROTECT Colors, staff interviews, resident interviews cies regarding sexual and physical abustaliure allowed Resident #2, with known to Resident #1, have a physical altercance to the distribution of physical articles and the process of the process	t, and theft. ONFIDENTIALITY** 28603 s, and facility policy review, the use for 4 of 4 sampled residents. In sexual behavior and cognitive tion with Resident #8, and enter and sexual abuse were not reported. The facility failed to implement regional Administrator was notified M. The Administrator was oved on 4/20/23 at approximately actions which included placing of staff on abuse policies, auditing oncerns, immediate federal reports	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A. Building B. Wing NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST	O4/20/2023
	ATE, ZIP CODE
	7112, 211 3332
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd	
Pensacola, FL 32505	
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 in	nformation)
Review of the facility policy for Prevention of Resident Abuse, Neg Property (dated 8/22/22) revealed, it is the policy of this Center the from verbal, sexual, physical and mental abuse, corporal punishm any kind, exploitation, and misappropriation of property. In addition safety the service of the case and omissions, which if left unchecked, could lead treated with respect and dignity at all times. The Center will foster and uniqueness of all individuals with regards to person-centered standards of care. Residents will not be subjected to abuse by any staff, other residents, consultants, volunteer staff, contract staff, fa Prevention of abuse will be accomplished by the timely reporting or investigation of these instances. Those reporting abuse should no the correct reporting of abuse or suspected abuse. The Center will for staff, residents, and family members in designated areas of the parties on how to report and to whom to report. The Center will en Resident Behavior- our residents have the right to be free from resincluding those that may represent resident to resident abuse shall accordance with established reporting procedures. If two residents separate the residents, identify what happened, assess both resid psychosocial changes that may have led to the incident, and notify respective representative and the appropriate State agency as rec suspected cases of abuse or misappropriation of resident's proper Administrator, Abuse Coordinator, or designee. The findings shoul agencies. Reporting/Documentation Requirements- ensure that at neglect, exploitation or mistreatment, including injuries of unknown property are reported to the administrator of the center and to othe Agency and adult protective services where state law provides juri accordance with State law through established procedures in these of the parties of the center and to othe Agency and adult protective services where state law provides juri accordance with State law through established procedures in these reported no later than 2 hours after	plect, Mistreatment, or Misappropriation of at each resident has the right to be free ent; involuntary seclusion; mistreatment of n, each resident will be protected from to abuse. Further, each resident will be an environment that recognizes the worth care and to promote respect and set vone, including but not limited to, Center mily members, friends, or others. If the suspected abuse and a thorough to be subjected to any disciplinary action for a post steps on abuse and abuse reporting at Center. The material will advise the sure that the call will be confidential. Sident-to-resident abuse. All altercations, are involved in an altercation, staff will ents for any clinical, psychological and/or of the attending physician, each resident's quired by State law. Investigation- all thy will be fully investigated by the do be reported to the appropriate governing alleged violations involving abuse, an source and misappropriation of resident the officials (including to the State Survey sediction in long-term care Centers) in the timeframes: The serious bodily injury, the event must be an is made. The admitted to the facility on [DATE] and disorder caused by the lack of vitamin dized anxiety disorder. The quarterly event was a serious cognitive skills, inattention and

NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Co For information on the nursing home's plan (X4) ID PREFIX TAG F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by the Resident #2's current care plan was masturbating, throwing himself on the included educating the resident on resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coprogress note read resident's behavior resident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another roowel movement removed brief and the progress note read, CNA report continued behavior even after being	<u> </u>	on) oblem related to frequently dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
Pensacola Nursing & Rehabilitation Color For information on the nursing home's plan (X4) ID PREFIX TAG F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by the Resident #2's current care plan was masturbating, throwing himself on the included educating the resident on resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coprogress note read resident's behavior resident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another roowel movement removed brief and the progress note read, CNA report continued behavior even after being	235 West Airport Blvd Pensacola, FL 32505 tact the nursing home or the state survey a CIENCIES full regulatory or LSC identifying information is initiated 11/30/2020 for a behavior protect of the floor, kicking staff, and refusing means successful coping and interaction stratect why certain behaviors are inappropriate why certain behaviors are inappropriate of the floor of the	on) oblem related to frequently dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by the Resident #2's current care plan was masturbating, throwing himself on the included educating the resident on resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coprogress note read resident's behavior resident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another roowel movement removed brief and the progress note read, CNA report continued behavior even after being	Pensacola, FL 32505 tact the nursing home or the state survey a CIENCIES full regulatory or LSC identifying information s initiated 11/30/2020 for a behavior prother floor, kicking staff, and refusing measuccessful coping and interaction strate or why certain behaviors are inappropriate why certain behavior towards the cellow of the properties of the	on) oblem related to frequently dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On nmate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by the Resident #2's current care plan was masturbating, throwing himself on the included educating the resident on resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coprogress note read resident's behavior esident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another robowel movement removed brief and the progress note read, CNA report continued behavior even after being	ciencies full regulatory or LSC identifying information is initiated 11/30/2020 for a behavior prother floor, kicking staff, and refusing mediaucessful coping and interaction strated why certain behaviors are inappropriate why certain behavior are inappropriate behavior towards the central company of the central central company of the central cen	on) oblem related to frequently dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On nmate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Resident #2's current care plan was masturbating, throwing himself on tincluded educating the resident on activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coroses note read resident's behavior; explain/reinforce activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Coroses note read resident's behavior esident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another rebowel movement removed brief and the progress note read, CNA report continued behavior even after being	full regulatory or LSC identifying informations initiated 11/30/2020 for a behavior prother floor, kicking staff, and refusing med successful coping and interaction stratece why certain behaviors are inappropriate why certain behavior towards the certain company towards the certain	oblem related to frequently dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	masturbating, throwing himself on tincluded educating the resident on resident's behavior; explain/reinford activities that is of interest. A review of the progress notes for Fithe resident was displaying sexually swinging his genitalia towards the Oprogress note read resident's behavior esident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another bowel movement removed brief and the progress note read, CNA report continued behavior even after being	the floor, kicking staff, and refusing med successful coping and interaction strate ce why certain behaviors are inappropriate. Resident #2 revealed on 11/3/22 at 7:2: by inappropriate behavior towards the control of	dications. The interventions egies; if reasonable, discuss the iate; and provide a program of 2 PM, the nurse was notified that ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
	the resident was displaying sexually swinging his genitalia towards the C progress note read resident's behave resident's room, threatened and puresident to get out of the room, he was 3/6/23 at 9:52 PM the progress note across the hall and sat on another rowel movement removed brief and the progress note read, CNA report continued behavior even after being	y inappropriate behavior towards the concomment of the concomment	ertified nursing assistant (CNA) by On 2/20/23 at 5:39 PM, the aggressive, he went into another on the bed and demanded for that e unit manager was notified. On mate's side of the room, went and drink, then after having a the halls. On 4/4/23 at 10:45 AM, ath time and brief changes, resident titioner, social services, and
	room thinking it was his bedroom, he was redirected to his room and oreceived for one time dose of Serocindicated the provider's review of the inappropriate behavior towards staff resident was moved to a different heast records indicating the resident survey date. During the survey, an attempt was a Resident #2 was observed to be in to enter. The resident did not respondoorway. The resident was observed the sheet and exposed his penis and Incident #1 (between Resident #1 a According to record reviews and state out and erected while Resident #1 a quarterly minimum data set, with an (Brief Interview of Mental Status) of person's decisions are consistently times to plan, organize, and conducted with the Administrator of record for the facility Administrator through 2/16/23. She	aff interviews for Resident #2, this resident was sitting on Resident #2's bed with a new assessment reference date of 1/13/23 f 8, which indicated resident #1 to have a poor or unsafe; the person requires resident was the person requires require	orief intact, then climbed into bed, for agitation and new order progress note dated 11/21/22 is revealed 1 episode of sexually notice dated 2/24/23 indicating the 7. The facility provided point of care checks from 4/5/23 through the dent #2. On 4/18/23 at 3:23 PM, or knocked on the door and asked a surveyor remained at the est. Then the resident pulled back or terminated the observation. Ident was observed with his penism erection on 2/16/23. The 3, revealed resident #1 had a BIMS is moderately impaired Cognition (A minders, cues, or supervision at all at 12:48 PM. She stated she was the ne then oriented the new ing found on his roommate's bed

			1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 04/20/2023	
	103933	B. Wing	04/20/2023	
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation	cola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0607 Level of Harm - Immediate jeopardy to resident health or safety	An interview was conducted with the Administrator on 4/18/23 at 3:48 PM. She stated she had no knowledge of the incident between Resident #1 and #2. She stated the staff would be expected to report such allegations to the Administrator and Director of Nursing (DON), complete a full investigation, and follow the facility policy and procedure for abuse.			
Residents Affected - Some	An interview was conducted with the ADON on 4/19/23 at 2:04 PM. She stated she recalled hearing in a morning meeting about the incident involving Resident #1 and #2. She heard one of the residents was on the other resident's bed and the other resident had his own penis in his own hand. She was not aware of any investigation into the incident. She stated Resident #2 was then moved to a different room. She stated the incident was not discussed in a Quality Assurance meeting.			
	Incident #2 (between Resident #2 and Resident #8 on 2/20/23)			
	An interview was conducted with the Administrator on 4/18/23 at 3:48 PM. She was not aware of the incident on 2/20/23 when Resident #2 allegedly pushed a female resident. She stated the staff would be expected to report those allegations to the Administrator and DON, complete a full investigation, and follow the facility policy and procedure for abuse.			
	An interview was conducted with Resident #8 on 4/19/23 at 10:28 AM. Resident #8 stated that Resident #2 came into her room toward the end of February in the afternoon. She asked him to get out of her room. She then grabbed his arm to try to get him to leave her room and he threw his arm at her throat. She stated she felt threatened by Resident #2 and did not always feel safe in the facility. Resident #8 revealed staff were aware because they came into her room and assisted removing Resident #2 from her room.			
	An interview was conducted with Employee P (Registered Nurse (RN)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8's room was discussed in the morning meeting the Tuesday following the 2/20/23 incident (2/21/23). The DON and Assistant Director of Nursing (ADON) were present in the meeting. Resident #2 was subsequently moved to the other side of the facility.			
	she was notified of the incident bet her Resident #2 had entered Resid Resident #2 swung his hands in the she reported the incident to admini	n interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q state ne was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notifier Resident #2 had entered Resident #8's room. Resident #8 then pushed Resident #2 out of the room esident #2 swung his hands in the air at Resident #8 but did not make physical contact. Employee Q state reported the incident to administration during the stand down meeting. She was not aware of any pecific training regarding resident sexual behaviors.		
	Incident #3 (between Resident #2 a	and Resident #9 on 4/14/23)		
	About four or five days ago, a man my bed, and he got into bed with m telling him to get out. I'm not sure w	acted on 04/17/2023 at approximately 12:00 PM with Resident #9. Resident #9 stated ago, a man came into my room, took his clothes off and got into bed with me. I was in bed with me. That poor guy didn't have a chance. I started beating his back and in not sure where he touched me at because I was hitting him so much. The staff in out of my bed. It took a bunch of them to get him out of here.		
	(continued on next page)			

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	entering her room and getting into a Additional Interview with the Admin on 2/20/23 when Resident #2 alleg report those allegations to the Adm policy and procedure for abuse. An interview was conducted on 04/stated, We have some people who was a completely different situation body exactly. But I did see him tour mouth. I was screaming for help. Here. (Resident #10's account of the An interview was conducted with E on 4/14/23 regarding Resident #2 get/17/23 and the DON and ADON was regarding how to handle resident so An additional interview was conducted with the was made aware of Resident #2 at facility investigated the incident. He interview was conducted with the segarding the incident between Resistated he did not interview the CNA realize a full investigation was necessated he did not interview the CNA realize a full investigation was necessated he did not interview the CNA realize a full investigation was necessated he did not interview was conducted with the Stated he did not interview was conducted with the Stated he did not interview was conducted with the Stated he did not interview was conducted with the Stated health of the stated health of some of the An additional interview was conducted with the she had been notified of some of the An additional interview was conducted with the report allegations of abuse, negling reports the allegations of abuse, negling reports the allegations of abuse to She stated SSD did complete some were thorough, she stated she could be state	istrator on 4/18/23 at 3:48 PM, revealed edly pushed a female resident. She stainistrator and DON, complete a full invitation of the province	In the staff would be expected to estigation, and follow the facility th Resident # 10. Resident #10 In the But they have dementia. This on her. I don't know what part of her med so loudly. I have a pretty big took a few of them to get him out of the bed with Resident #9) In 4/19/23 at 11:01 AM. The incident cussed in the morning meeting on she has had no specific training 4/19/23 at 9:55 AM. She stated the state survey. In February 2023. He believes the er and Resident #8. Further ovided documented interviews ent #2 and #8 on 2/20/23. He 2/16/23. He stated he did not review the rent Administrator. In the stated the did not review the rent Administrator. In the stated she did not feel the did she did not believe a thorough In the stated the staff are expected Administrator, or DON. The facility epartment of Children and Families. asked if she felt the investigations it was hard to investigate when you

		1		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	105935	B. Wing	04/20/2023	
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Immediate	On 4/19/2023, the facility submitted a removal plan for F607 with immediate corrective actions to further prevent residents from further sexual abuse. The facility's removal plan included:			
jeopardy to resident health or safety	1. Resident #2 placed on one-on-o	one supervision 4/19/2023.		
Residents Affected - Some		y audited for concerns of abuse in the r s were investigated with no new concer		
	3. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinical Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegations abuse with consultation with Regional Administrator on 4/19/2023.			
	4. Residents #8, #9, #10 to be evaluated 4/20/2023 and followed by psych APRN to provide psychosocial support from exposure to sexual abuse.			
	5. 100% of interviewable residents were interviewed for concerns with care or abuse 4/19/2023.			
	6. In-services and competencies co following dates:	ompleted on abuse policy and procedur	re, inservices completed on the	
	a. 4/19/2023 - 90% of all staff comp	olete.		
	b. 4/20/2023 - 100% of all staff con	nplete.		
	c. No staff members were permitted abuse policy and procedure, invest	d to work until all topic education and p igation and report was completed.	ost in-service competency test for	
	7. Upon hire and annually, all staff	will complete abuse in servicing by stat	ff developer or designee.	
	8. Immediate federal reporting for a	abuse completed for resident #2 on 4/1	7/2023 for 4/14/2023.	
	9. Immediate federal reporting for a 2/20/2023.	abuse completed for resident #2 on 4/1	8/2023 for 2/16/2023 and	
	10. DON or designee to audit progrinvestigated starting 4/20/2023.	ress notes and EMAR notes for any no	te with areas of concern to be	
	11. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-on-one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/1 federal immediate reporting completed for all occurrences dates, staff education completed for all ar system developed and implemented for auditing the residents' records daily to be aware of concerns reported.			
	(continued on next page)			

CTATEMENT OF DESIGNATION	(X1) PROVIDER/SUPPLIER/CLIA		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	P CODE
For information on the nursing home's pla	an to correct this deficiency, please cont	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	EIENCIES full regulatory or LSC identifying information	on)
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	4/18/2023 with Medical Director, Ac and Unit Managers for both Units to adequate follow up with PIP with ne allegations or concerns. Abuse Poli indicated. On 4/20/23 at approximately 3:15Pl pattern no actual harm with potential On 4/20/23 at 11:04PM, Resident #resident's open bedroom door. This Evidence of the resident record audresidents were audited and no additionated. Staff education in-services for the Areporting, sexual abuse, investigative 4/19/23. The facility provided a signand at least 3 other Department Here one Hundred percent of staff receives have been completed on 4/19-4/20/16 from various shifts and departments abuse policies and procedures they reviewed verifying training had been Review of records for Residents #8 psychosocial support status post re Resident #10 on 4/20/23 at approximated the residents are staff concerns. No additional concerns and the residents are staff concerns. No additional concerns device of the facility's federal report discovered. Documentation provided and conduction of the facility's federal report discovered. Documentation provided and conduction of the facility's federal report discovered. Documentation provided and conduction of the facility's federal report discovered. Documentation provided and conduction of the facility's federal report discovered.	Administrator, DON, and other Departm ve processes, and investigations was ration sheet with 18 staff signatures. Intereads validating reeducation. Administrator, DON, and other Departm ve processes, and investigations was rational staff education on abuse policy and 23. Staff interviews conducted with at so which indicated training was received or recently received in re-education relation abuse training upon hire. Education symptoms of abuse, and reporting. 3 ration completed. Administrator, DON, and other Departm versions was reducation on abuse policy and received in re-education relationship to the staff abuse training upon hire. Education symptoms of abuse, and reporting. 3 rational received in the received and #10 revealed orders dated 4/resident interaction in her room. Observer in the process of the process o	Services Director, MDS Director, se, investigations, reporting and aily for immediate response in any of regulation. No changes as reduced from a K level to an E, As evidenced by the following: supervision staff was seated at the mentation reviewed. ed 4/20/23. Upon review all ment Heads, related to sexual abuse eviewed. Training dated for views with Administrator, DON, d procedures, inservices verified to least 10 staff(non-administrative) Staff were able to verbally recite ted to abuse. provided included but not limited to recently hired staff records 20/23 for Psych eval and treat for red Psychiatric Provider seeing esidents on 4/18-4/19/23. terviewed them about abuse and lent #2 for all incidents that were reported to the abuse hotline.

			10. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	IP CODE
Pensacola Nursing & Rehabilitation	n Center	235 West Airport Blvd Pensacola, FL 32505	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0607 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of Meeting Notes and Inter	view with the Administrator verified adl 2 and concerns with sexual abuse, inve	noc QAPI meeting on 4/18/223 to

	1	1	1
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	D CODE
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd Pensacola, FL 32505	FCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	authorities. 28603 Based on observation, record reviet facility failed to report immediately services in accordance with facility Failure to report allegations of abust The situation resulted in a finding of the findings of Immediate Jeopal unavailable and did not return until 3:15 PM, when the facility provided Resident #2 on one to one constant of resident records for abuse concewere filed with the state agency, ar immediate response to any allegatic Cross reference F600, F607, F610 The findings include: Resident #2 had a history of behave himself on the floor, kicking staff, a Resident #2's medical record that rephysical behaviors toward staff and resident's care plan). According to record reviews, staff in penis out and erected while Resided quarterly minimum data set, with an (Brief Interview of Mental Status) on person's decisions are consistently times to plan, organize, and conduction of the floor, Resident #8 stated that in he walking toward the door, Resident into her room to assist in removing	riors that included but not limited to free not refusing medications. There were me evealed incidents of the resident displayed residents dating back to 11/30/20 (data the first the firs	s, and facility policy review, the rvey Agency and adult protective nts. (Resident #1, #2, #8, and #9). residents at risk for further abuse. Regional Administrator was notified M. The Administrator was noved on 4/20/23 at approximately ons which included placing of staff on abuse policies, auditing oncerns, immediate federal reports to audit and review notes daily for auditing excually inappropriate and/or te of behavior problems initiated on sident # 2 was observed with his with an erection on 2/16/23. The 3, revealed resident #1 had a BIMS amoderately impaired Cognition (A minders, cues, or supervision at all #2 entered her room and would not be room by grabbing his arm and ant #8 reports that staff had to come 8 reports she felt threatened by

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIE	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Pensacola Nursing & Rehabilitation	n Center	235 West Airport Blvd Pensacola, FL 32505	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	thinking it was his bedroom, he too redirected to his room and clothing one time dose of Seroquel 50 mg. I documented incident on 4/14/23. A Resident #9. Resident #9 stated, A and got into bed with me. I was in r I started beating his back and tellin hitting him so much. The staff finall of here. On 4/17/23 at approximate people who wander around and cod different situation. It was very scary part of her body exactly. But I did spretty big mouth. I was screaming him out of here. (Resident #10's ac #9) The medical record revealed not Resident #2 entering her room and collaborated Resident #9's allegation. An interview was conducted with E the incident involving Resident #2 Tuesday following the 2/20/23 incic Nursing (ADON) were present in the facility. The incident on 4/14/23 reg morning meeting on 4/17/23 and the specific training regarding how to her Resident #2 swung his hands in the she reported the incident to administ specific training regarding resident.	mployee P (Registered Nurse (RN)) on going into Resident #8's room was disclent (2/21/23). The Director of Nursing e meeting. Resident #2 was subseque arding Resident #2 getting in bed with e DON and ADON were present. Emplandle resident sexual behaviors. mployee Q (unit manager) on 4/19/23 aween Resident #2 and #9 the following ent #8's room. Resident #8 then pushed air at Resident #8 but did not make postration during the stand down meeting	tact, then climbed into bed, he was ation and new order received for mmate (#10) collaborated the 023 at approximately 12:00 PM with into my room, took his clothes off hat poor guy didn't have a chance. touched me at because I was ook a bunch of them to get him out this surveyor, We have some nitia. This was a completely hands on her. I don't know what and screamed so loudly. I have a to her. It took a few of them to get if 20 tinto the bed with Resident regarding the incident with aff interviews during the survey 1. 4/19/23 at 11:01 AM. She stated ussed in the morning meeting the (DON) and Assistant Director of ntly moved to the other side of the Resident #9 was discussed in the loyee P (RN) stated she has had no out 1:29 AM. Employee Q stated day on 2/21/23. The staff notified at Resident #2 out of the room and hysical contact. Employee Q stated . She was not aware of any

An interview was conducted with the Administrator on 4/18/23 at 3:48 PM. She stated she had no knowledge of the incident between Resident #1 and #2 and she was not aware of the incident on 2/20/23 when Resident #2 allegedly pushed a female resident. She stated the staff would be expected to report those allegations to the Administrator and DON, complete a full investigation, and follow the facility policy and procedure for abuse.

Administrator of record for the facility from 1/10/23 through 2/14/23 and she then oriented the new Administrator through 2/16/23. She had no knowledge of Resident #1 being found on his roommate's bed

with his penis aroused. She stated she would expect staff to report this to Administration.

An additional interview was conducted with the Regional Administrator on 4/19/23 at 9:55 AM. She stated none of the allegations had been reported to the abuse hotline prior to the state survey.

(continued on next page)

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 18 of 38

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, Z 235 West Airport Blvd Pensacola, FL 32505	IP CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC		
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	was made aware of Resident #2 at facility investigated the incident. He interview was conducted with the S regarding the incident between Restated he did not interview the CNA realize a full investigation was neceprogress notes in the record. He st An interview was conducted with the she had been notified of some of the An interview was conducted with the to report allegations of abuse, negling reports the allegations of abuse to She stated SSD did complete somwere thorough, she stated she could not know what is going on and in Despite the facility staff and management of the state o	the Social Services Director (SSD) on 4 tempting to go into Resident #8's room to stated he interviewed the unit manage SSD on 4/19/23 at 2:36 PM when he provided that observed Resident #1 and #2 on essary. Regarding the incident on 2/20 ated he reported his findings to the curve at the provided resident #2 do not be a state at the exploitation of the supervisor, the regional staff, state agency, and De investigation. The Administrator was lid not answer the question. She stated in her absence the DON would be in city of the report there was no evidence that either of the provided residual protective services.	rin February 2023. He believes the er and Resident #8. Further rovided documented interviews lent #2 and #8 on 2/20/23. He in 2/16/23. He stated he did not in 2/23, he stated he did not review the rrent Administrator. The stated there was a good possibility furing a meeting. The stated the staff are expected Administrator, or DON. The facility epartment of Children and Families. The saked if she felt the investigations it was hard to investigate when you harge of the facility.

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, Z	P CODE
Pensacola Nursing & Rehabilitation	n Center	235 West Airport Blvd Pensacola, FL 32505	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Property (dated 8/22/22) revealed, from verbal, sexual, physical and many kind, exploitation, and misappr those practices and omissions, whiteated with respect and dignity at and uniqueness of all individuals wistandards of care. Residents will nestaff, other residents, consultants, Prevention of abuse will be accompinivestigation of these instances. The the correct reporting of abuse or sufor staff, residents, and family memparties on how to report and to who Resident Behavior- our residents hincluding those that may represent accordance with established report separate the residents, identify who psychosocial changes that may have respective representative and the asuspected cases of abuse or misagencies. Reporting/Documentation eglect, exploitation or mistreatmen property are reported to the admining Agency and adult protective service accordance with State law through * If the events that cause the allegate event must be reported no later that a review of the facility's policy titled is the center's policy to comply with crime to the State Survey Agency (an incident to the Administrator or against a resident at the center, the reportable event does not result in 24 hours after forming the suspicio On 4/19/2023, the facility submitted prevent residents from further sexual and the suspicio on the state forming the suspicio on 4/19/2023, the facility submitted prevent residents from further sexual and the suspicio on the state forming the suspicio on the suspicio on the suspicio on forming further sexual treatments from further sexual treatments.	d a removal plan for F600 with immedia al abuse. The facility's removal plan in abuse in the resident records complete	resident has the right to be free coluntary seclusion; mistreatment of resident will be protected from se. Further, each resident will be ronment that recognizes the worth d to promote respect and set cluding but not limited to, Center embers, friends, or others. Ispected abuse and a thorough objected to any disciplinary action for teps on abuse and abuse reporting r. The material will advise the latthe call will be confidential. It is corresident abuse. All altercations, estigated and reported in volved in an altercation, staff will re any clinical, psychological and/or ending physician, each resident's yestate law. Investigation-all lee fully investigated by the ported to the appropriate governing diviolations involving abuse, and misappropriation of resident als (including to the State Survey in long-term care Centers) in rames: bodily injury, the event must be decided. esult in serious bodily injury, the existence of a suspects a crime has occurred local law enforcement. If the latter corrective actions to further cluded:1. All current residents in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd	P CODE	
		Pensacola, FL 32505		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 - Immediate jeopardy to resident health or safety Residents Affected - Some	Services on facility policy and proceabuse with consultation with Regio 3. In-services and competencies or report, mandatory reporters, and E a. 4/19/2023 - 90% of all staff composition of all staff composition. No staff members were permitted abuse policy and procedure, invest 4. Responsible parties were previous.	ompleted on abuse policy and procedured of Justice Act, inservices completed of plete. In plete. In the work until all topic education and program in the properties of the plete. In the work until all topic education and program is a completed. In the work until all topic education and program is a completed. In the work until all topic education and program is a completed. In the work until all topic education and program is a completed. In the work until all topic education and program is a completed. In the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and program is a complete abuse training including to the work until all topic education and the work until all topi	and reporting into allegations of re, including when and how to on the following dates:	
		abuse completed for resident #2 on 4/1 abuse completed for resident #2 on 4/1		
	 8. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to investigated starting 4/20/2023. 9. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fed 			
	developed and implemented for au 13. This issue was taken to Quality 4/18/2023 with Medical Director, Ar and Unit Managers for both Units to requirements and adequate follow response in any allegations or cond changes indicated. 14. Administrator and Director of N Regional Administrator has current On 4/20/23 at approximately 3:15P	all occurrences dates, staff education of diting the residents' records daily to be Assurance Performance Improvement dministrator, Director of Nursing, Socia o discuss the concerns with sexual about when the PIP with new system to audit a cerns. Abuse Policy reviewed for meeticursing have submitted for access to fed access to assist until access granted. M, Immediate Jeopardy deficiencies wal for no more than minimal harm level.	aware of concerns not reported. at an ad-hoc meeting on I Services Director, MDS Director, use, investigations, reporting and review notes daily for immediate and requirements of regulation. No deral reporting system access. as reduced from a K level to an E,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd	P CODE	
		Pensacola, FL 32505		
For information on the nursing home's p	olan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		IMMARY STATEMENT OF DEFICIENCIES ach deficiency must be preceded by full regulatory or LSC identifying information)		
Evel of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 4/20/23 at 11:04PM, Resident # resident's open bedroom door. This Evidence of the resident record aud were notified. Upon review all resident staff education in-services for the Areporting, sexual abuse, investigating 4/19/23. The facility provided a signand at least 3 other Department Here One Hundred percent of staff received have been completed on 4/19-4/20, from various shifts and departments abuse policies and procedures they Review of staff files for verification of an explanation of abuse, signs and reviewed verifying training had been Review of records for Residents #8 psychosocial support status post reached the resident #10 on 4/20/23 at approxional The Facility developed and conductinterviewed a total of 6 residents are staff concerns. No additional concerns Review of the facility's federal report discovered. Documentation provided Evidence of additional designees be Review of audits completed of prog No additional concerns noted.	22 was observed to in bed while his 1:12 started on 4/19/23 according to docure it is started on 4/19/23 according to docure it is was provided to surveyors and datents were audited and no additional conditional conditions. Administrator, DON, and other Department of the processes, and investigations was not in sheet with 18 staff signatures. Interest was reducation. 23 Staff education on abuse policy and 23. Staff interviews conducted with at some which indicated training was received a recently received in re-education related of abuse training upon hire. Education symptoms of abuse, and reporting. 3 in completed. 24, #9, and #10 revealed orders dated 4 stadent interaction in her room. Observently 11:47AM. 25 ted a Questionnaire for interviewable read all confirmed that facility staff had in rns identified. 26 tring for abuse was completed for resided confirm all three incidents had been being granted access to the federal reporters notes and EMAR (Electronic Medicand concerns with sexual abuse, invertible and concerns with sexual abuse.	supervision staff was seated at the mentation reviewed. ed 4/20/23. Responsible parties oncerns were identified. ment Heads, related to sexual abuse reviewed. Training dated for reviews with Administrator, DON, d procedures, inservices verified to least 10 staff(non-administrative). Staff were able to verbally recite ted to abuse. provided included but not limited to recently hired staff records (20/23 for Psych eval and treat for red Psychiatric Provider seeing esidents on 4/18-4/19/23. terviewed them about abuse and dent #2 for all incidents that were reported to the abuse hotline. orting system. lication Administration Records).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd	FCODE	
Torisacola Haroling & Horiabilitatio	TO CONTO	Pensacola, FL 32505		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610	Respond appropriately to all allege	d violations.		
Level of Harm - Immediate	28603			
jeopardy to resident health or safety		ws, staff interviews, resident interviews		
Residents Affected - Some	facility failed to thoroughly investigate and report the results of investigations of all sexual and physical abus allegations to the state survey agency within 5 working days of the alleged violations involving 4 of 4 sampled residents (Resident #1, #2, #8, and #9). The failure to thoroughly investigate, report allegations of abuse to the authorities, and implement effective interventions placed residents in the facility at risk for physical and/or sexual abuse.			
	The situation resulted in a finding of Immediate Jeopardy. The facility's Regional Administrator was notified of the findings of Immediate Jeopardy on 4/19/23 at approximately 1:30 PM. The Administrator was unavailable and did not return until 4/20/23. Immediate Jeopardy was removed on 4/20/23 at approximately 3:15 PM when the facility provided evidence of immediate corrective actions which included placing resident number 2 on one to one constant staff supervision, immediate training of staff on abuse policies, resident records were audited for abuse concerns, residents were interviewed for abuse concerns, immediate federal reports were filed with the state agency, and the facility developed a new system to audit and review notes daily for immediate response to any allegations or concerns. The scope and severity of the Immediate Jeopardy deficiencies was reduced from a K level to a E level.			
	Cross reference F600, F607, F609	, F835, and F867.		
	The findings include:			
	Incident #1 (between Resident #1 a	and Resident #2 on 2/16/23)		
	According to record reviews and staff interviews for Resident #2, this resident was observed with his penis out and erected while Resident #1 was sitting on Resident #2's bed with an erection on 2/16/23. The quarterly minimum data set, with an assessment reference date of 1/13/23, revealed resident #1 had a BIMS (Brief Interview of Mental Status) of 8, which indicated resident #1 to have moderately impaired Cognition (A person's decisions are consistently poor or unsafe; the person requires reminders, cues, or supervision at a times to plan, organize, and conduct daily routines).			
	An interview was conducted with Employee K (CNA) on 4/18/23 at 8:54 AM. She stated about 3 months ago she observed Resident #2 pulling on his penis and Resident #1 sitting on the foot of Resident #2's bed at the time. She reported the incident to Employee G (LPN) and had Resident #1 return to his side of the room.			
	A telephone interview was conducted with Employee E (CNA) on 4/18/23 at 12:25 PM. Employee E stated she found Resident #1 sitting on Resident #2's bed with his penis aroused. It looked like Resident #1 had gone to the bathroom and took his brief off, but he had on shorts. She did not recall if Resident #1's shorts were pulled down. She stated she did not recall which nurse she informed.			
	Incident #2 (between Resident #2	and Resident #8 on 2/20/23)		
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
		D. Willy		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety	An interview was conducted with Resident #8 on 4/19/23 at 10:28 AM. Resident #8 stated that Resident #2 came into her room toward the end of February in the afternoon. She asked him to get out of her room. She then grabbed his arm to try to get him to leave her room and he threw his arm at her throat. She stated she felt threatened by Resident #2 and did not always feel safe in the facility. Resident #8 revealed staff were aware because they came into her room and assisted removing Resident #2 from her room.			
Residents Affected - Some	An interview was conducted with Employee P (Registered Nurse (RN)) on 4/19/23 at 11:01 AM. She stated the incident involving Resident #2 going into Resident #8's room was discussed in the morning meeting the Tuesday following the 2/20/23 incident (2/21/23). The DON and Assistant Director of Nursing (ADON) were present in the meeting. Resident #2 was subsequently moved to the other side of the facility.			
	An interview was conducted with Employee Q (unit manager) on 4/19/23 at 11:29 AM. Employee Q stated she was notified of the incident between Resident #2 and #8 the following day on 2/21/23. The staff notified her Resident #2 had entered Resident #8's room. Resident #8 then pushed Resident #2 out of the room and Resident #2 swung his hands in the air at Resident #8 but did not make physical contact. Employee Q stated she reported the incident to administration during the stand down meeting. She was not aware of any specific training regarding resident sexual behaviors.			
	Incident #3 (between Resident #2 a	and Resident #9 on 4/14/23)		
	An interview was conducted on 04/17/2023 at approximately 12:00 PM with Resident #9. Resident #9 stated, About four or five days ago, a man came into my room, took his clothes off and got into bed with me. I was in my bed, and he got into bed with me. That poor guy didn't have a chance. I started beating his back and telling him to get out. I'm not sure where he touched me at because I was hitting him so much. The staff finally came and got him out of my bed. It took a bunch of them to get him out of here.			
	The record revealed no documental entering her room and getting into	ntion in Resident #9's chart regarding the	ne incident with Resident #2	
	An interview was conducted on 04/17/2023 at approximately 12:15 PM with Resident # 10. Resident #10 stated, We have some people who wander around and come into our room. But they have dementia. This was a completely different situation. It was very scary. He had his hands on her. I don't know what part of h body exactly. But I did see him touching her. I went to the door and screamed so loudly. I have a pretty big mouth. I was screaming for help. He was going to do something to her. It took a few of them to get him out here. (Resident #10's account of the incident in which Resident #2 got into the bed with Resident #9)			
	An interview was conducted with the Administrator on 4/18/23 at 3:48 PM. She stated she had no knowledg of the incident between Resident #1 and #2 and she was not aware of the incident on 2/20/23 when Reside #2 allegedly pushed a female resident. She stated the staff would be expected to report those allegations to the Administrator and DON, complete a full investigation, and follow the facility policy and procedure for abuse.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROMPTS OF SUPPLIES		CTREET ADDRESS CITY STATE 7	ID CODE
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 235 West Airport Blvd		PCODE	
rensacola Nuising & Renabilitation	i Center	Pensacola, FL 32505	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		ion)
F 0610 Level of Harm - Immediate jeopardy to resident health or safety	An interview was conducted with the ADON on 4/19/23 at 2:04 PM. She stated she recalled hearing in a morning meeting about the incident involving Resident #1 and #2. She heard one of the residents was on the other resident's bed and the other resident had his own penis in his own hand. She was not aware of any investigation into the incident. She stated Resident #2 was then moved to a different room. She stated the incident was not discussed in a Quality Assurance meeting.		
Residents Affected - Some	An interview was conducted with the Social Services Director (SSD) on 4/19/23 at 2:15 PM. He stated he was made aware of Resident #2 attempting to go into Resident #8's room in February 2023. He believed facility investigated the incident. He stated he interviewed the unit manager and Resident #8. Further interview was conducted with the SSD on 4/19/23 at 2:36 PM when he provided documented interviews regarding the incident between Resident #1 and #2 on 2/16/23 and Resident #2 and #8 on 2/20/23. He stated he did not interview the CNA that observed Resident #1 and #2 on 2/16/23. He stated he did not realize a full investigation was necessary. Regarding the incident on 2/20/23, he stated he did not review progress notes in the record. He stated he reported his findings to the current Administrator. An additional interview was conducted with the DON on 4/20/23 at 9:35 AM. She stated she did not feel incidents on 2/16/23 and 2/20/23 were thoroughly investigated. She stated she did not believe a thorough review of the incident on 4/14/23 occurred. An interview was conducted with the Administrator on 4/20/23 at 9:35 AM. She stated the staff are expet to report allegations of abuse, neglect, and exploitation to the supervisor, Administrator, or DON. The fareports the allegations of abuse to the regional staff, state agency, and Department of Children and Fan She stated SSD did complete some investigation. The Administrator was asked if she felt the investigation were thorough, she stated she could not answer the question. She stated it was hard to investigate whe do not know what is going on and in her absence the DON would be in charge of the facility.		
	(continued on next page)		

AND PLAN OF CORRECTION IDENTIFI 105935 NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMAR (Each defice) F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Review of Property from verb any kind, those pray treated we and unique standards staff, other prevention investigated the correct for staff, in parties or sta	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	, , , , , , , , , , , , , , , , , , ,	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMAR (Each defice) F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Review of Property from verb any kind, those pray treated we and unique standards staff, othe Preventic investigal the correct for staff, it parties or	ct this deficiency, please cor RY STATEMENT OF DEFIG iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	B. Wing STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505 stact the nursing home or the state survey a	04/20/2023 P CODE
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMAR (Each defice) F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Review of Property from verb any kind, those pra treated we and unique standards staff, other prevention investigation investigation investigation investigation in parties or	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505 stact the nursing home or the state survey a	
Pensacola Nursing & Rehabilitation Center For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMAR (Each defict F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	235 West Airport Blvd Pensacola, FL 32505 stact the nursing home or the state survey a	
For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMAR (Each defice) F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents Affected - Some Review of Property from verb any kind, those pray treated we and unique standards staff, othe Preventic investigal the correct for staff, it parties or	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	Pensacola, FL 32505 stact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Review of Property from verb any kind, those praterated with and unique standards staff, other Preventic investigal the correct for staff, in parties or	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	stact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Review of Property from verb any kind, those praterated with and unique standards staff, other Preventic investigal the correct for staff, in parties or	RY STATEMENT OF DEFIC iciency must be preceded by of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r	CIENCIES	agency.
F 0610 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents Affected - Some (Each defiction of the property of the prevention investigate the correct for staff, in parties or the prevention of th	of the facility policy for Pre (dated 8/22/22) revealed, bal, sexual, physical and r		
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some Residents Affected - Some Property from verb any kind, those pra treated w and uniqu standards staff, othe Preventic investigat the correc for staff, r parties or	(dated 8/22/22) revealed, bal, sexual, physical and r		on)
including accordan separate psychoso respective suspected. Administra agencies neglect, exproperty a Agency a accordan. * If the exprepend of the expression of the expressio	actices and omissions, wheath respect and dignity at ueness of all individuals was of care. Residents will ner residents, consultants, on of abuse will be accompliation of these instances. The ctreporting of abuse or suresidents, and family men in how to report and to what Behavior- our residents had the reported the residents, identify who call changes that may have representative and the act cases of abuse or misal responsibility. Reporting/Documentation exploitation or mistreatme are reported to the adminant adult protective services with State law through events that cause the allegations where the residents in the facility submitter residents from further sexurement residents in the facility and further investigations.	It is the policy of this Center that each mental abuse; corporal punishment; invorporation of property. In addition, each lich if left unchecked, could lead to abus all times. The Center will foster an environth regards to person-centered care and to be subjected to abuse by anyone, individually the subjected abuse by anyone, individually the subjected abuse. The Center will post standards in designated areas of the Center of the center of the center of the center of the transport of the center of th	resident has the right to be free countary seclusion; mistreatment of resident will be protected from se. Further, each resident will be ronment that recognizes the worth do to promote respect and set cluding but not limited to, Center subers, friends, or others. spected abuse and a thorough eigeted to any disciplinary action for eps on abuse and abuse reporting at the call will be confidential. Oresident abuse. All altercations, estigated and reported in rolved in an altercation, staff will any clinical, psychological and/or ending physician, each resident's and the appropriate governing doubtions involving abuse, and misappropriation of resident ls (including to the State Survey in long-term care Centers) in ames: Dodily injury, the event must be decembered to the second to further cluded: Desident records completed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	105935	A. Building B. Wing	04/20/2023	
		2g		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitatio	Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610	3. 100% of interviewable residents were interviewed for concerns with care or abuse 4/19/2023. No further investigations required.			
Level of Harm - Immediate jeopardy to resident health or safety	4. Investigation for abuse complete	ed for resident #2 on 4/17/2023 for 4/14	/2023.	
Residents Affected - Some		ed for resident #2 on 4/18/2023 for 2/16		
	the charge nurses interviewing stat	ompleted on abuse policy and procedur if involved, any resident witnesses, ass r and DON, inservices completed on th	essing the scene, documentation of	
	a. 4/19/2023 - 90% of all staff comp	olete.		
	b. 4/20/2023 - 100% of all staff complete.			
	c. No staff members were permitted to work until all topic education and post in-service competency test for abuse policy and procedure, investigation and report was completed.			
	 DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 			
	 8. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-on-one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, federal immediate reporting completed for all occurrences dates with full investigations, staff education completed for all areas, system developed and implemented for auditing the residents' records daily to be aware of concerns not reported. 9. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/18/2023 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Unit Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and adequate follow up with PIP with new system to audit and review notes daily for immediate response in any allegations or concerns. Risk Policy reviewed for meeting requirements of regulation. No changes indicated. Investigation process review with focus on the interviewing staff involved any resident witnesses, assessing the scene, record review, mitigating factors and root cause analysis. 			
		M, Immediate Jeopardy deficiencies was al for no more than minimal harm level.		
	1	#2 was observed to in bed while his 1:1 s started on 4/19/23 according to docur	•	
	Evidence of the resident record audits was provided to surveyors and dated 4/20/23. Responsible parti were notified. Upon review all residents were audited and no additional concerns were identified.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505				
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0610 Level of Harm - Immediate jeopardy to resident health or safety	Staff education in-services for the Administrator, DON, and other Department Heads, related to sexual abuse reporting, sexual abuse, investigative processes, and investigations was reviewed. Training dated for 4/19/23. The facility provided a sign-in sheet with 18 staff signatures. Interviews with Administrator, DON, and at least 3 other Department Heads validating reeducation.			
Residents Affected - Some	One Hundred percent of staff received staff education on abuse policy and procedures, inservices ve have been completed on 4/19-4/20/23. Staff interviews conducted with at least 10 staff(non-administrem various shifts and departments which indicated training was received. Staff were able to verbally abuse policies and procedures they recently received in re-education related to abuse.			
	Review of staff files for verification of abuse training upon hire. Education provided included but not limite an explanation of abuse, signs and symptoms of abuse, and reporting. 3 recently hired staff records reviewed verifying training had been completed. Review of records for Residents #8, #9, and #10 revealed orders dated 4/20/23 for Psych eval and treat if psychosocial support status post resident interaction in her room. Observed Psychiatric Provider seeing Resident #10 on 4/20/23 at approximately 11:47AM. The Facility developed and conducted a Questionnaire for interviewable residents on 4/18-4/19/23. Interviewed a total of 6 residents and all confirmed that facility staff had interviewed them about abuse an staff concerns. No additional concerns identified. Review of the facility's federal reporting for abuse was completed for resident #2 for all incidents that wer discovered. Documentation provided verified all three incidents had been reported to the abuse hotline. Evidence of additional designees being granted access to the federal reporting system.			
	Review of audits completed of prog No additional concerns noted.	ress notes and EMAR (Electronic Med	lication Administration Records).	
		view with the Administrator verified adh 2 and concerns with sexual abuse, inve on 4/17/23.		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd Pensacola, FL 32505	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Administer the facility in a manner of 28603 Based on observations, record revireview, the facility failed to utilize its and federal agencies as required be are properly assessed and treated further failed to ensure other reside Resident #2 and to ensure that star reporting. This has the potential to The situation resulted in a finding of the findings of Immediate Jeopal unavailable and did not return until 3:15 PM when the facility provided #2 on one to one constant staff sup were audited for abuse concerns, rewere filed, and the facility develope any allegations or concerns. The seftrom a K level to a E level. Cross reference F607, F609, F610 The findings include: According to record reviews, staff in through 4/20/23, it was revealed the within the facility. Resident #2 was out and erected while Resident #1 reported that on 2/20/23, Resident asked him to get out of her room. Shis arm at her throat. She stated she facility. Resident #8 revealed staff Resident #2 from her room. Resident #2 from her room. Resident within the facility of the stated she facility. Resident #8 revealed staff Resident #2 from her room. Resident within the facility of the stated she facility. Resident #8 revealed staff Resident #2 from her room. Resident took clothes off and got into bed with immediately report the allegations in the state of the state o	that enables it to use its resources effectively, staff interviews, Administrator job of the serious resources effectively, provide adequate y law and implement facility policies to when exhibiting signs and symptoms of the serious attention of the serious and symptoms of the serious attention of the serious and serious attention of the serious attention of th	description review, and policy ate training, report findings to state ensure residents within the facility of sexual tendencies. The facility and followed facility policy for and followed placing resident abuse policies, resident records oncerns, immediate federal reports and followed for immediate response in opardy deficiencies was reduced for followed for followed for followed for followed fol

	1	1		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd Pensacola, FL 32505				
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	TEMENT OF DEFICIENCIES must be preceded by full regulatory or LSC identifying information)		
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Administrator of record for the facili Administrator through 2/16/23. She his penis aroused. She stated she conducted with the Administrator of between resident # 1 and 2 and she pushed a female resident. The staft DON, complete a full investigation, an interview was conducted with the morning meeting about the incident other resident's bed and the other investigation into the incident. Residiscussed in a Quality Assurance of the American and the incident was made aware of resident # 2 at facility investigated the incident. He conducted with the SSD on 4/19/23 regarding the incident between reshe did not interview the CNA that of to complete a full investigation because in crisis management in the fact he was putting out fires. Regarding the record. He reported his findings. An interview was conducted with the Shad been notified of some of the interview was conducted with the 2/16/23 and 2/20/23 were thorough happened over the weekend to reverside the allegations of abuse, negline reports the allegations of abuse to SSD did complete some investigation that the could not stated she could not not stated she could not the stated she could not stated she could not the stated she could not the stated she could not stated she could not stated she could not the stated she could not the stated she could not the stated she could not stated she could not the	ne Social Services Director (SSD) on 4/ tempting to go into resident # 8's room e interviewed the unit manager and res 3 at 2:36 PM when he provided docume ident # 1 and 2 on 2/16/23 and residen beserved resident #s 1 and #2 on 2/16/2 ause the nurse did not state the resident cility meaning he has residents that are the incident on 2/20/23 he stated he d	ne then oriented the new g found on his roommate's bed with hinistration. An interview was nad no knowledge of the incident 0/23 when resident # 2 allegedly egations to the Administrator and dure for abuse. It tated she recalled hearing in a part one of the residents was on the hand. She was not aware of any room. The incident was not was not many room. The incident was not was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 8. Further interview was ented interviews with employee D to the fident # 9. Further interview was ented interviews with employee D to the fident # 9. Further interview was ented to enterview with employee D to the fident # 9. Further interview was ented to enterview was ented to not enterview was ented to en	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZI	D CODE
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd Pensacola, FL 32505	PCODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)		on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	An interview was conducted by this stated she had not had any abuse she did get a message regarding R DON stated, We did call the Admin haven't had any other reports of sir building to the other because of arg corporate team consisted of the [N. and [NAME] President of Operation Another interview was conducted of If I know of an issue with any type of did not start an investigation this painvestigation within an hour or two. An interview was conducted on 04/ Administrator stated, I am not awar first week (started at facility and by had behaviors since I have been the know they have had some behavior. An interview was conducted on 04/ does call the Administrator with any would call her corporate team for did stated she has educated the staff in she does not currently have access reported the Administrator did not be goes to the Regional Administrator only current leadership member the DON stated she began as the Interposition as DON approximately a wifustrated. We had a corporate nurse that we had even the Administrator. She has been great. Side. The [NAME] President of Clin we're just trying to keep our head a how she can help me from South Composition and the process of the composition of the proposition of the proposition of the like I've had any for corporate nurse that we had even the Administrator. She has been great.	s writer on 04/17/2023 at approximately allegations reported to her regarding R Resident #2 going into Resident #9's roisitrator and our Corporate team to reportial situations with Resident #2. He was guments of snoring. So, we moved him AME] President of Clinical Operations, as an 04/18/2023 at approximately 12:45 For abuse, I will report it to my corporate ast Friday because I didn't think it was not finding out and then report it. (19/2023 at approximately 10:45 AM with resident and the morning meing orientated. I do know that both resident. I don't remember the behaviors the resident and provide them with the situate and provide them with the situate egularly to place an incident report if so to the reporting system for mandated and access to the system either. The I or to the [NAME] President of Clinical at has access to the system either. The I or to the [NAME] President of Clinical at has access to the state reporting system DON at the end of February. She stoke after these two incidents happeness every week. She would come in an origot rid of her. We walk in and we are only catch up. We're just trying to put the infinity and training. The Administrator has trie though she's no longer with them for guent in the building. I can't alway carolina. The DON stated she has not reverything on and figure out what's the everything on and figure out what's the	esident #2 or #9. The DON stated from on Friday, 04/14/2023. The port it to them. The DON stated, we as moved from one side of the The DON stated the facility Clinical Regional Administrator, PM with the DON. The DON stated, team and start an investigation. I really anything. But I would start my to the Administrator. The prize of the me. I was in orientation that the etings. The first four days were sidents (Resident's 1 and 2) have at were being talked about. But I do to the DON. The DON stated she ministrator is not available, she tion needing guidance. The DON stated state reporting problems. The DON stated state reporting problems. The DON DON stated any reports of abuse Operations. The DON stated the stem is the ADON of the facility. The stated she accepted the formal d. The DON stated, I'm just I she was on the phone with us. Iff just putting out fires every day. Immediate fires out. I'm going to d to help me. I still talk to the sidance. We have the corporate a nurse and not sure of the clinical there's so many little things that ye stop and reach out to her. I don't and formal training for her position.

Printed: 11/24/2024 Form Approved OMB No. 0938-0391

			NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZII 235 West Airport Blvd Pensacola, FL 32505	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying information	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	the overall operation of the facility in policies as to maintain excellent call job description further states the Act planning all aspects of facility operations of the Director of Planning and promote rules regarding in the mission statement of the facility being responsible for the overall macompliance with all facility and nurs requirements. The DON will review and the Medical Director Plan and in committees such as Quality Assurate Leadership, and others. The DON will participate in the Director of Nursing in executing patient/resident rights, patient/resident rights, patient/resident reports before submitting in Quality Assurance Performance Im others. The ADON will participate in manda New Hire Training of required manda department specific requirements are conducted for all staff. A review of the Social Worker (SSE residents in the nursing home by id home social worker is responsible finaximize their individuality, indeperiments are individuality, indeperiments are individuality, indeperiments are responsible finaximize their individuality, indeperiments are individuality, indeperiments are conducted for individuality, indeperiments are individuality, indeperiments are conducted for individuality, indeperiments are conducted for individuality, indeperiments in the nursing home by id home social worker is responsible finaximize their individuality, indeperiments.	escription dated 04/2022 revealed the An accordance with resident needs, gover for the resident s while achieving the diministrator will work with the facility material actions. The administrator will maintain a regulations. The Administrator will super activities and staff meetings. The DoN provides leadership and diministrator the DoN provides leadership and the sall incident and accident reports before maintain a Master Staffing Plan. The Doninice Performance Improvement (QAPI) will investigate reports of resident abuse and in mandatory in-service and job training ent care and reflects the mission states of the nursing staff's compliance with all facility with regulatory requirements. The ADO to the DON. The ADON will actively par provement (QAPI), Infection Control, Seports of resident abuse and report the atory in-service and job training program datory training; Works directly with Depure conducted for new hires and ensured the entifying their psychosocial, mental, and for fostering a climate, policies, and roundence, and dignity. The social worker in state and federal regulations. The social worker in state and federal regulations. The social worker in state and federal regulations.	ernment regulations, and company a facility's business objectives. The anagement staff and consultants in a working knowledge of and ensure rise, conduct, and participate in inistrator will understand, comply and the DON executes the goals a patient/resident care and reflects ection for the nursing staff while Ensures nursing staff's compliance with regulatory a submitting to the Administration ON will actively participate in and report their findings to the aining programs. Infection Control, Safety, Ethics, and report their findings to the aining programs. Intelligent revealed the ADON supports and programs and nursing policies and N will review all incident and reticipate in committees such as afety, Ethics, Leadership, and air findings to the Administrator. The ADON is responsible for artment Heads to assure that the sthat annual mandatory training at social worker will work with the add emotional needs. The nursing thines the enable residents to will review facility policies and

(continued on next page)

agencies.

meetings. The social worker will understand and meet the government requirements for social services documentation. The social worker will work with the interdisciplinary team and administration to promote and protect resident rights and the psychological well-being of each resident. Prevent and address resident abuse as mandated by law and professional licensure. Educate staff regarding residents' rights and how to recognize and prevent abuse, neglect, and mistreatment. The social services director must always review any documents given to governmental bodies or third parties with the Administrator prior to submittal to said

abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ade follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse re requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow		 	l .	1	
Pensacola Nursing & Rehabilitation Center 235 West Airport Bivd Pensacola, FL 32505 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) On 4/19/2023, the facility submitted a removal plan for F600 with immediate corrective actions to furth prevent residents from further sexual abuse. The facility's removal plan included: 1. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinica Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegation abuse with regularly Afministrator on 41/8/2023. 2. In-services and competencies completed on abuse policy and procedure, inservices completed on following dates by Director of Clinical Services. a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency is abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023. fode immediate reporting originate for all udulting the residents' records daily to be aware of concerns for requirements, reporting reporting complete for all variety and procedure in variety and advantage of bases investigated starting 4/20/20223. 6. The immediate jeopardy was removed on 4/20/23 as evid		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
Pensacola Nursing & Rehabilitation Center 235 West Airport Bivd Pensacola, FL 32505 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) On 4/19/2023, the facility submitted a removal plan for F600 with immediate corrective actions to furth prevent residents from further sexual abuse. The facility's removal plan included: 1. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinice Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegation abuse with regularly into subsets abuse, investigations, and reporting into allegation abuse with regularly into accordance of sexual abuse, investigations, and reporting into allegation abuse with regularly into accordance of sexual abuse, investigations, and reporting into allegation abuse with regularly into accordance of sexual abuse, investigations, and reporting into allegation abuse with regularly into accordance of sexual abuse, investigations, and reporting into allegation abuse with Regional Administrator on 4/19/2023. 1. Insarvices and competencies completed on abuse policy and procedure, inservices completed on abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 and 4/18/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jacpardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision. Adult Protective Services state abuse agency notification 4/17/20/23 and 4/18/20/23. fede immediate reporting one for humans, and advantages for both Units to d	NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OF SUPPLIER		P CODE	
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) On 4/19/2023, the facility submitted a removal plan for F600 with immediate corrective actions to furth prevent residents from further sexual abuse. The facility's removal plan included: 1. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinica Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegation abuse with consultation with Regional Administrator on 4/19/2023. 2. In-services and competencies completed on abuse policy and procedure, inservices completed on following dates by DON, Unit Managers, Housekeeping Director, Dietary Manager, Admission Director being Trained by Director of Clinical Services: a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency be abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, feder immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the resident's records daily to be aware of concerns not reporting the resident's records daily to be aware of concerns not reporting or meeting equirements of regulation. No changes included. 7. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting	Pensacola Nursing & Rehabilitation Center 235 West Airport Blvd				
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some On 4/19/2023, the facility submitted a removal plan for F600 with immediate corrective actions to furth prevent residents from further sexual abuse. The facility's removal plan included: 1. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinics Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegation abuse with consultation with Regional Administrator on 4/19/2023. 2. In-services and competencies completed on abuse policy and procedure, inservices completed on following dates by DON, Unit Managers, Housekeeping Director, Dietary Manager, Admission Directo being Trained by Director of Clinical Services: a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency to abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not reporting progression, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff educations, reporting and ade follow up with Pip with his west years to audit and review notes daily for concerns. Abuse Policy reviewed for meeting requirements of regulati	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
prevent residents from further sexual abuse. The facility's removal plan included: 1. Administrator and Director of Nursing (DON) and department heads educated by Director of Clinics Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegation abuse with consultation with Regional Administrator on 4/19/2023. 2. In-services and competencies completed on abuse policy and procedure, inservices completed on following dates by DON, Unit Managers, Housekeeping Director, Dietary Manager, Admission Director being Trained by Director of Clinical Services: a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency in abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report for both Units to discuss the concerns whis sexual abuse, investigations, reporting and ade follow up with PIP with new system to audit and review notes daily for immediate reporting or all ade follow up with PIP with new system to audit and review notes daily for immediate response in any alled or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Compliance program reviewed for inclu	(X4) ID PREFIX TAG				
abuse with consultation with Regional Administrator on 4/19/2023. 2. In-services and competencies completed on abuse policy and procedure, inservices completed on following dates by DDro, Unit Managers, Housekeeping Director, Dietary Manager, Admission Directo being Trained by Director of Clinical Services: a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency to abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report of a resident for a subuse, investigations, reporting and ade follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. C. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from	Level of Harm - Immediate jeopardy to resident health or	prevent residents from further sexual abuse. The facility's removal plan included:			
following dates by DON, Unit Managers, Housekeeping Director, Dietary Manager, Admission Directo being Trained by Director of Clinical Services: a. 4/19/2023 - 90% of all staff complete. b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency to abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. 7. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ade follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. C. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse re requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/2	•			and reporting into allegations of	
b. 4/20/2023 - 100% of all staff complete. c. No staff members were permitted to work until all topic education and post in-service competency to abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, federimmediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ade follow up with PIP with new system to audit and review lose daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse re requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow		 In-services and competencies completed on abuse policy and procedure, inservices of following dates by DON, Unit Managers, Housekeeping Director, Dietary Manager, Admis 			
c. No staff members were permitted to work until all topic education and post in-service competency to abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ade follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Cc Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow		a. 4/19/2023 - 90% of all staff comp	olete.		
abuse policy and procedure, investigation and report was completed. 3. Immediate federal reporting for abuse completed for resident #2 on 4/17/2023 for 4/14/2023. 4. Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. 7. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and adde follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse rerequirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow		b. 4/20/2023 - 100% of all staff complete.			
 Immediate federal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and 2/20/2023. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fedel immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and adefollow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Concerns with a concern of the program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse re requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow 		c. No staff members were permitted to work until all topic education and post in-service competency test for abuse policy and procedure, investigation and report was completed.			
 5. DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, federimmediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and aderollow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Concerns and program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse rerequirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follows: 		3. Immediate federal reporting for a	abuse completed for resident #2 on 4/1	7/2023 for 4/14/2023.	
investigated starting 4/20/2023. 6. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, fede immediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not report. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ader follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse rerequirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow			ederal reporting for abuse completed for resident #2 on 4/18/2023 for 2/16/2023 and		
supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, federimmediate reporting completed for all occurrences dates, staff education completed for all areas, syst developed and implemented for auditing the residents' records daily to be aware of concerns not reported for a many supervisional protector. This issue was taken to Quality Assurance Performance Improvement at an ad-hoc meeting on 4/1 with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ader follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Concerns are program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse regularements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follows					
with Medical Director, Administrator, Director of Nursing, Social Services Director, MDS Director, and Managers for both Units to discuss the concerns with sexual abuse, investigations, reporting and ader follow up with PIP with new system to audit and review notes daily for immediate response in any alle or concerns. Abuse Policy reviewed for meeting requirements of regulation. No changes indicated. Co Compliance program reviewed for inclusion of Elder Justice Act reporting, Federal and State abuse re requirements, resident safety intervention guidelines and mandatory reporting requirements. No chan required. 8. Administrator and Director of Nursing have submitted for access to federal reporting system access Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow		supervision, Adult Protective Service immediate reporting completed for	ces state abuse agency notification 4/1 all occurrences dates, staff education of	7/2023 and 4/18/2023, federal completed for all areas, system	
Regional Administrator has current access to assist until access granted. On 4/20/23 at approximately 3:15PM, Immediate Jeopardy deficiencies was reduced from a K level to pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow	with Medical Director, Administrator, Director of Nursing, Social Service Managers for both Units to discuss the concerns with sexual abuse, in follow up with PIP with new system to audit and review notes daily for or concerns. Abuse Policy reviewed for meeting requirements of regular Compliance program reviewed for inclusion of Elder Justice Act reporting requirements, resident safety intervention guidelines and mandatory residents.			Director, MDS Director, and Unit tigations, reporting and adequate nediate response in any allegations n. No changes indicated. Corporate Federal and State abuse reporting	
pattern no actual harm with potential for no more than minimal harm level. As evidenced by the follow					
(continued on next page)		(continued on next page)			

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE
Pensacola Nursing & Rehabilitation	Center	235 West Airport Blvd Pensacola, FL 32505	
For information on the nursing home's p	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informati	on)
F 0835 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 4/20/23 at 11:04PM, Resident # resident's open bedroom door. This Evidence of the resident record and residents were audited and no addi Staff education in-services for the A reporting, sexual abuse, investigating 4/19/23. The facility provided a sign and at least 3 other Department He One Hundred percent of staff received have been completed on 4/19-4/20, from various shifts and departments abuse policies and procedures they Review of staff files for verification of an explanation of abuse, signs and reviewed verifying training had been Review of records for Residents #8 psychosocial support status post resident #10 on 4/20/23 at approximate The Facility developed and conduct Interviewed a total of 6 residents are staff concerns. No additional concerns Review of the facility's federal report discovered. Documentation provided Review of audits completed of prog No additional concerns noted.	22 was observed to in bed while his 1:1 started on 4/19/23 according to docur dits was provided to surveyors and data tional concerns were identified. Administrator, DON, and other Department of processes, and investigations was related to the processes, and investigations was received to the processes of	supervision staff was seated at the nentation reviewed. ed 4/20/23. Upon review all lent Heads, related to sexual abuse eviewed. Training dated for views with Administrator, DON, d procedures, inservices verified to least 10 staff(non-administrative) 1. Staff were able to verbally recite ted to abuse. provided included but not limited to ecently hired staff records 20/23 for Psych eval and treat for ed Psychiatric Provider seeing esidents on 4/18-4/19/23. terviewed them about abuse and lent #2 for all incidents that were reported to the abuse hotline. ication Administration Records).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED		
	105935	B. Wing	04/20/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	STREET ADDRESS, CITY, STATE, ZIP CODE		
Pensacola Nursing & Rehabilitatio	n Center	enter 235 West Airport Blvd Pensacola, FL 32505			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867 Level of Harm - Immediate	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.				
jeopardy to resident health or safety	46833				
Residents Affected - Some	Based on record review, staff interviews, quality assurance performance improvement plan review, and policy review the facility failed to develop and implement appropriate plans of action to correctly identify quality deficiencies related to the supervision of a resident (Resident #2) who was exhibiting sexual tendencies including wandering into other resident rooms and to report findings to state and federal agencies as required by law. The facility further failed to develop a Performance Improvement Plan to ensure other residents in the facility were free from any form of physical or sexual abuse and that Resident #2 had appropriate interventions in place.				
	The situation resulted in a finding of	of Immediate Jeopardy.			
	The facility's Regional Administrator was notified of the findings of Immediate Jeopardy on 4/19/23 at approximately 1:30 PM. The Administrator was unavailable and did not return until 4/20/23. Immediate Jeopardy was removed on 4/20/23 at approximately 3:15 PM when the facility provided evidence of immediate corrective actions which included placing resident number 2 on one to one constant staff supervision, immediate training of staff on abuse policies, resident records were audited for abuse concern residents were interviewed for abuse concerns, immediate federal reports were filed, and the facility developed a new system to audit and review notes daily for immediate response in any allegations or concerns. The scope and severity of the Immediate Jeopardy deficiencies was reduced from a K level to a level.				
	Cross reference F607, F609, F610, and F835.				
	The findings include:				
	According to record reviews, staff interviews, and resident interviews during this survey, it was Resident #2 had inappropriate sexual incidents with at least 3 residents within the facility. Resobserved by staff to be sitting on his roommate's bed (#1) with his penis out and erected while was sitting on Resident #2's bed with an erection on 2/16/23. Resident #8 reported that on 2/ #2 came into her room toward the end of February in the afternoon. She asked him to get our She then grabbed his arm to try to get him to leave her room and he threw his arm at her through the felt threatened by Resident #2 and did not always feel safe in the facility. Resident #8 reviewer aware because they came into her room and assisted removing Resident #2 from her reference was bed, and he got into bed with me. Reference F600, F607, F609, and F610.				
	(continued on next page)				

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER Pensacola Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 235 West Airport Blvd	P CODE	
i diladdia i tarang ar tarabintation deritar		Pensacola, FL 32505		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	PY STATEMENT OF DEFICIENCIES ciency must be preceded by full regulatory or LSC identifying information)		
F 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Administrator stated a Quality Assumed in March 2023. The Administrator is type of behaviors. The Administrator is type of behaviors. The Administrator being reported in the QAPI meeting completed at the daily stand-up meeting completed at the daily stand-up meeting is held of the property of the facility morning meeting is held of the happened for the day or what is hat information as to what we need to be a review of the facility morning meeting haviors. The meeting notes were not the facility morning meeting and the Director of Social and A review of the facility morning meeting allegations of abuse, need administrator and the DON. The techniculed obtaining full and completed the DON or designee will provide a member will conduct a secondary incompleted for 90 days for any report three months or until compliance is the PIP on 04/17/2023 was updated. Ensuring the staff were notifying the understand what to report as abused conducted with all residents to ensure completed with all staff on abuse and a review of the facility QAPI plan difference in quality of catansitions. The administrator will be rurther review of the QAPI plan review of	eting notes dated 04/14/2023 did not re- e signed by the Director of Nursing. (PIP) was created on 04/17/2023: glect, and misappropriation. The team of the edition of th	PI) was done in February 2023 and otes regarding Resident #2 and any se behaviors or abuse reports be of abuse reporting should be uring the facility QAPI meetings the got be a Performance Improvement corrected. The Administrator stated histrator stated, We discuss what electing. That's how we gather the eveal any report of Resident #2's of Nursing, Assistant Director of eveal any report of Resident #2's eveal encountered to the monthly QAPI meeting for the to the monthly QAPI meeting for eveal encountered encoun	

	1	1	1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	105935	B. Wing	04/20/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd Pensacola, FL 32505		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867 Level of Harm - Immediate jeopardy to resident health or safety	The administrator has responsibility and is accountable to the Internal Risk Management and Quality Assessment and Assurance Committee and for ensuring that QAPI is implemented throughout our Center. QAPI activities and discussion will be a standing item on our meeting agenda. The administrator is responsible for assuring that all QAPI activities and required documentation is provided to our corporation.			
Residents Affected - Some	The QAA committee will respond in a timely manner to ensure momentum is maintained. The team will develop an action plan. Interventions that will make change will be implemented by the team. The team will use root cause analysis (RCA) to ensure that the root cause and contributing factors are identified. When determining and implementing interventions, Plan-Do-Study-Act (PDSA) cycles will be used. The team will select and/or create measurement tools to ensure that the changes they are implementing are having the desired effect. A review of the facility Quality Assurance and Performance Improvement policy revealed that the facility develops a plan that describes the process for conducting QAPI/QAA activities, including to identify and correct quality deficiencies and opportunities for improvement. The facility policy stated the purpose of the policy was to develop, implement, and maintain an effective comprehensive, data-driven QAPI program that focuses on outcomes of care and quality of life.			
		a removal plan for F600 with immediate corrective actions to further labuse. The facility's removal plan included:		
	 All current residents in the facility audited for concerns of abuse in the resident records completed 4/19/2023. The Administrator and Director of Nursing (DON) and department heads/ QAPI team educated by Director of Clinical Services on facility policy and procedures of sexual abuse, investigations, and reporting into allegations of abuse with consultation with Regional Administrator and the QAPI process with PIP development, system review, data collection and review, root cause analysis including fish bone and five why drill down on 4/19/2023. 			
	DON or designee to audit progress notes and EMAR notes for any note with areas of concern to be investigated starting 4/20/2023.			
	4. The immediate jeopardy was removed on 4/20/23 as evidenced by resident #2 was placed on one-on-one supervision, Adult Protective Services state abuse agency notification 4/17/2023 and 4/18/2023, federal immediate reporting completed for all occurrences dates, staff education completed for all areas, system developed and implemented for auditing the residents' records daily to be aware of concerns not reported.			
	with Medical Director, Administrato Managers for both Units to discuss follow up with PIP with new system or concerns. Abuse Policy reviewed Compliance program reviewed for	Assurance Performance Improvement a r, Director of Nursing, Social Services I the concerns with sexual abuse, inves to audit and review notes daily for imn d for meeting requirements of regulatio inclusion of Elder Justice Act reporting, vention guidelines and mandatory repor-	Director, MDS Director, and Unit tigations, reporting and adequate nediate response in any allegations n. No changes indicated. Corporate Federal and State abuse reporting	
	(continued on next page)			

			No. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105935	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/20/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Pensacola Nursing & Rehabilitation Center		235 West Airport Blvd Pensacola, FL 32505		
For information on the nursing home's p	plan to correct this deficiency, please con	Lact 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 0867 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some				