

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105561	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER SOLARIS HEALTHCARE PENSACOLA		STREET ADDRESS, CITY, STATE, ZIP 8475 UNIVERSITY PARKWAY PENSACOLA, FL 32514	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations and interviews, the facility failed to provide a clean and sanitary living environment by failing to ensure [MED]gen concentrator filters were free of dust for 2 of 3 residents observed (#217 & #221). The findings include: On 3/2/20 and 3/3/20 observations were made of the [MED]gen concentrators for residents #217 & 221. The concentrators were noted to have dusty filters during both observations. On 3/3/20 at approximately 2:13 PM, the Director of Nursing (DON) was interviewed after she observed the concentrator filters. She stated Yes, they need to be changed. She then said the Respiratory Therapist (RT) was just in this week. She was asked to provide a policy and procedure for the cleaning of the [MED]gen concentrators. She said she was not sure there was a policy. (Photographic evidence obtained) On 3/5/20 at approximately 7:11 AM, a follow up interview was conducted with the DON in which she stated she would have one of her staff ensure all [MED]gen filters were cleaned weekly. She then said she wanted the RT to concentrate on assessing the resident and changing the tubing for residents on [MED]gen.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on staff interview and clinical record review the facility failed to implement care plan interventions for 1 of 1 resident (#281) sampled for elopement. The findings include: A record review was conducted for resident #281 which revealed that on [DATE] at 5:22 PM, the resident was discovered sitting in her wheelchair unattended, outside the facility next to the C wing door. Review of the resident's record revealed a care plan initiated on [DATE]20 for elopement with a goal target date of 5/24/2020. Interventions included having the resident's picture posted at all the nursing stations, to make staff aware the resident was an elopement risk. On [DATE] at 10:18 AM, an interview was conducted with the registered nurse (RN) employee H, who was working at the nursing station closest to where the resident eloped on [DATE]20. He was asked to show the pictures of residents at risk of elopement. He stated there were no pictures of residents at the desk to his knowledge. On 3/4/20 at 10:25 AM, an interview was conducted with the unit manager for the area where resident #281 resided during which she was asked about elopement risks and report that resident #281 had eloped recently. She reported that the resident was put on every 15 minute checks for 3 days. She was asked to read the care plan interventions and confirmed the intervention stating that a picture will be posted at all nursing stations, however further stated No, there is not a picture posted of her at this station. On 3/4/20 at 10:39 AM, an interview was conducted with the Risk Manager. During which she stated that resident #281's picture was taken down after 3 days. She was asked if the care plan still had the intervention for the picture at nursing station and she said, Yes.		
F 0755 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, policy review and interviews, the facility failed to ensure 1 of 4 medication carts were free of expired medications. The findings include: On 3/4/20 at approximately 10:53 AM, an observation of the medication cart 1 for C wing was conducted with staff A, a licensed practical nurse (LPN). There were 4 packages of 3 milliliter (ml) vials of [MEDICATION NAME] and [MEDICATION NAME] for residents #75 and #80, observed to be expired as of 1/20. (photographic evidence obtained) On 3/4/20 at approximately 11:05 AM, an interview was conducted with staff A. Staff A stated the nurses are responsible for checking their carts when coming on shift. They are supposed to check the carts for expired and/or discontinued medications and remove them from the cart. Staff A stated she did not check the cart when she took the cart this morning. On 3/04/20 at approximately 9:40 AM, an interview was conducted with the Director of Nursing (DON). The DON stated the nurses are supposed to go through the carts each shift and look for expired medications, remove them from the carts and reorder medications. A review of the policy Medication Storage in the Facility, 2006, page 3 section G stated all expired medications will be removed from the active supply and destroyed in the facility, regardless of the amount remaining.		
F 0814 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, interviews, and policy review, the facility failed to dispose of garbage and refuse properly. The findings include: On 3/02/20 at 12:15 PM, an observation of the outside trash area revealed a large black container next to the dumpster covered with a black substance. The substance dripped from the container creating a pool on the ground. Food debris, consisting mostly of rice and beans, along with large red ants were also observed. (photographic evidence obtained) On 3/04/20 at 11:57 AM, during an interview, the maintenance director and administrator clarified that the grease dump area near the trash is the primary area for kitchen staff to empty grease from fryers. The maintenance director and administrator agreed that there was food debris with ants around it and there was a company that was responsible for picking up the grease and recycling it. The administrator provided a policy titled Disposal of Refuse and dated [DATE] which stated under item 5. outside grease containment provided by grease disposal services will be kept closed and clean.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.