STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106121	A. BUILDING _____ B. WING _____	C 10/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRUITTHEALTH - PANAMA CITY	3212 JENKS AVENUE PANAMA CITY, FL 32405

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced complaint survey (complaint number 2021013176) was conducted at Pruitthealth Panama City on . The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities, at the time of the survey.	F 000		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and , well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced	F 725		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed /2021

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.

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F 725	Continued From page 1 by: Based on observations, resident interviews, and staff interviews the facility failed to provide sufficient nursing staff to ensure residents receive required assistance and services in a timely manner for 5 of 12 sampled residents. (Residents 2, 3, 4, 5, and 11) The findings include: During an interview with resident number 3 on , the faceplate of the call light was observed to be hanging from the wall. The surveyor asked the resident to initiate the call light to report the faceplate to staff. The resident initiated the call light at 9:34 AM and the call light was visible outside the door. At 9:46 AM, a housekeeper and maintenance staff passed by the room but did not answer the call light or check on the resident. At 10:10 AM, a , , staff passed by the room but did not answer the call light or check on the resident. The call light was answered by a certified nursing assistant (CNA) at 10:11 AM. On at approximately 1:17 PM, the surveyor was walking down the middle hall, the bathroom emergency call light for was observed to be on. At approximately 1:25 PM a nurse was observed to answer the call light and 2 certified nursing assistants were observed to be sitting on the couch in the middle hall TV area near . . . On . . . . at approximately 2:32 PM, 2 certified nursing assistants were observed to be sitting in the TV room on the middle hall. An interview was conducted with resident number 2 on . . . . at approximately 9:10 AM. She stated at times it has taken 2 hours for staff to answer her call light and assist her. An interview	F 725	This plan of correction constitutes a written Allegation of Compliance with federal and state requirements. Preparation and submission of this Allegation of Compliance does not constitute and admission or agreement by the provider of truth of the facts alleged or the corrections of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state and federal law. 1. Administration met with Resident #2, #3, #4, #5, #11 and formally reviewed their concerns and entered issues into the Grievance Process. Resident #3 faceplate in room was repaired. Facility staff were educated regarding call light responses and department responsibilities. 2. All residents and staff have the potential to be affected by this cited practice. Department leaders and staff on all shifts received education on response to call lights, the department responsibilities, and on the assigned locations for staff break areas. 3. Daily compliance rounding throughout the work week, random compliance rounds during off hours and weekends will be conducted by the Leadership team and monitored by Administration. Administration will address Resident Council and inform them of the concern. NHA will review quarterly family/resident	

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F 725	Continued From page 2 was conducted with resident number 4 on . . . . . at approximately 10:47 AM. She stated she uses her call light daily and no one answers, she has to call the main phone line to the facility to get help. She usually needs her , . medication and sometimes has to wait a long time to receive the medications. She indicated it was frustrating to have to wait so long for , . medication. An interview was conducted with resident number 5 on at approximately 1:19 PM. She stated she had been in the facility about 2 weeks and she had to wait 1 hour and 45 minutes once when she was soiled with . . . . . for the staff to respond to her call for assistance. She stated she has had to wait 30 minutes or more at least 4 times to be changed when she was soiled. times per day she waits longer than 30 minutes for staff to answer her call light and assist her. An interview was conducted with resident #11 on at approximately 3:37 PM. He stated he had been in the facility about 2 weeks and several times he had to wait an hour for the staff to answer his call light, usually to assist him . . . to bed. Multiple anonymous staff interviews were conducted on . . . . . , all staff stated they were fearful of losing their jobs if they revealed too much during the interview. In the afternoon on . . . . . , an interview was conducted with anonymous staff member A, who stated the facility does not have adequate staff to meet the resident needs, but was not aware of care not getting done, the staff member stated that call light response time could be better. The staff member further stated that they had noticed CNAs sitting around and if they had more support from management, they may be able to address	F 725	interview results for similar concerns. Concerns will be addressed immediately and discussed during morning stand up meetings. 4. Results of compliance rounds will be reviewed in monthly QAPI meeting x 3 months then quarterly thereafter until resolved. Date of Compliance	

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F 725	Continued From page 3 this issue. In the afternoon on [redacted], an interview was conducted with anonymous staff member B, who stated that legally the facility has enough staff to meet the residents needs but that certain CNAs will sit around and staff have trouble getting the CNAs to work. They need leadership. They need backup. In the afternoon on [redacted], an interview was conducted with anonymous staff member C, who stated staffing is terrible, they are always shorthanded, and that many people have quit. The staff member stated some CNAs will stay on the hall and do their jobs while others sit on the porch outside. The staff member further stated that call lights just go off. The staff member offered that the supervisors are aware of it, including the Director of Nursing (DON). The facility has hired a new group of people they just started have not been here 2 weeks. The staff member stated that they cannot do the CNAs job as well as their own and stated the management staff seem to be scared of some CNAs and afraid to discipline staff. In the afternoon on [redacted], an interview was conducted with anonymous staff member D, who stated there are problems with staffing here. The staff member also verified that sometimes CNAs will be outside on the porch or in TV area, then other staff have to text them and tell them their call lights are on. There is not a process to sign out for breaks and sign in. The staff member stated some of the CNAs will yell at staff if they say anything.	F 725		

Agency for Health Care Administration

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	35961066	A. BUILDING: _____ B. WING _____	C 10/04/2021

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N 000	INITIAL COMMENTS An unannounced complaint survey (2021013176) was conducted at Pruitthealth Panama City on . Deficient practice was identified at the time of the survey.	N 000		
N 063	400.23(3)(a)1,2 &4 FS; 59A-4.108(4) FAC Minimum Nursing Staff 59A-4.108(4) In accordance with the requirements outlined in subsection 400.23(3)(a), F.S., the nursing home licensee must have sufficient nursing staff, on a 24-hour basis to provide nursing and related services to residents in order to maintain the highest practicable physical, mental, and , , well-being of each resident, as determined by resident assessments and individual plans of care. 400.23(3)(a)1. The agency shall adopt rules providing minimum staffing requirements for nursing home facilities. These requirements must include, for each facility: a. A minimum weekly average of certified nursing assistant and licensed nursing staffing combined of 3.6 hours of direct care per resident per day. As used in this sub-subparagraph, a week is defined as Sunday through Saturday. b. A minimum certified nursing assistant staffing of 2.5 hours of direct care per resident per day. A facility may not staff below one certified nursing assistant per 20 residents. c. A minimum licensed nursing staffing of 1.0 hour of direct care per resident per day. A facility may not staff below one licensed nurse per 40 residents. 2. Nursing assistants employed under s. 400.211(2) may be included in computing the staffing ratio for certified nursing assistants if their	N 063		

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N 063	Continued From page 1 job responsibilities include only nursing-assistant-related duties. 3. Each nursing home facility must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public. 4. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants if the nursing home facility otherwise meets the minimum staffing requirements for licensed nurses and the licensed nurses are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted toward the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and not also be counted toward the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. The hours of a licensed nurse with dual job responsibilities may not be counted twice. This Statute or Rule is not met as evidenced by: Based on observations, resident interviews, and	N 063	1. Administration met with Resident #2,	

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N 063	Continued From page 2 staff interviews the facility failed to provide sufficient nursing staff to ensure residents receive required assistance and services in a timely manner for 5 of 12 sampled residents. (Residents 2, 3, 4, 5, and 11) The findings include: During an interview with resident number 3 on , the faceplate of the call light was observed to be hanging from the wall. The surveyor asked the resident to initiate the call light to report the faceplate to staff. The resident initiated the call light at 9:34 AM and the call light was visible outside the door. At 9:46 AM, a housekeeper and maintenance staff passed by the room but did not answer the call light or check on the resident. At 10:10 AM, a , , staff passed by the room but did not answer the call light or check on the resident. The call light was answered by a certified nursing assistant (CNA) at 10:11 AM. On at approximately 1:17 PM, the surveyor was walking down the middle hall, the bathroom emergency call light for was observed to be on. At approximately 1:25 PM a nurse was observed to answer the call light and 2 certified nursing assistants were observed to be sitting on the couch in the middle hall TV area near . On at approximately 2:32 PM, 2 certified nursing assistants were observed to be sitting in the TV room on the middle hall. An interview was conducted with resident number 2 on at approximately 9:10 AM. She stated at times it has taken 2 hours for staff to answer her call light and assist her. An interview was conducted with resident number 4 on at approximately 10:47 AM. She stated she uses her call light daily and no one answers, she has to	N 063	#3, #4, #5, #11 and formally reviewed their concerns and entered issues into the Grievance Process. Resident #3 faceplate in room was repaired. Facility staff were educated regarding call light responses and department responsibilities. 2. All residents and staff have the potential to be affected by this cited practice. Department leaders and staff on all shifts received education on response to call lights, the department responsibilities, and on the assigned locations for staff break areas. 3. Daily compliance rounding throughout the work week, random compliance rounds during off hours and weekends will be conducted by the Leadership team and monitored by Administration. Administration will address Resident Council and inform them of the concern. NHA will review quarterly family/resident interview results for similar concerns. Concerns will be addressed immediately and discussed during morning stand up meetings. 4. Results of compliance rounds will be reviewed in monthly QAPI meeting x 3 months then quarterly thereafter until resolved. Date of Compliance	

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N 063	Continued From page 3 call the main phone line to the facility to get help. She usually needs her medication and sometimes has to wait a long time to receive the medications. She indicated it was frustrating to have to wait so long for medication. An interview was conducted with resident number 5 on at approximately 1:19 PM. She stated she had been in the facility about 2 weeks and she had to wait 1 hour and 45 minutes once when she was soiled with for the staff to respond to her call for assistance. She stated she has had to wait 30 minutes or more at least 4 times to be changed when she was soiled. times per day she waits longer than 30 minutes for staff to answer her call light and assist her. An interview was conducted with resident #11 on at approximately 3:37 PM. He stated he had been in the facility about 2 weeks and several times he had to wait an hour for the staff to answer his call light, usually to assist him to bed. Multiple anonymous staff interviews were conducted on , all staff stated they were fearful of losing their jobs if they revealed too much during the interview. In the afternoon on , an interview was conducted with anonymous staff member A, who stated the facility does not have adequate staff to meet the resident needs, but was not aware of care not getting done, the staff member stated that call light response time could be better. The staff member further stated that they had noticed CNAs sitting around and if they had more support from management, they may be able to address this issue. In the afternoon on , an interview was conducted with anonymous staff member B, who	N 063		

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N 063	Continued From page 4 stated that legally the facility has enough staff to meet the residents needs but that certain CNAs will sit around and staff have trouble getting the CNAs to work. They need leadership. They need backup. In the afternoon on . . . . . , an interview was conducted with anonymous staff member C, who stated staffing is terrible, they are always shorthanded, and that many people have quit. The staff member stated some CNAs will stay on the hall and do their jobs while others sit on the porch outside. The staff member further stated that call lights just go off. The staff member offered that the supervisors are aware of it, including the Director of Nursing (DON). The facility has hired a new group of people they just started have not been here 2 weeks. The staff member stated that they cannot do the CNAs job as well as their own and stated the management staff seem to be scared of some CNAs and afraid to discipline staff. In the afternoon on , an interview was conducted with anonymous staff member D, who stated there are problems with staffing here. The staff member also verified that sometimes CNAs will be outside on the porch or in TV area, then other staff have to text them and tell them their call lights are on. There is not a process to sign out for breaks and sign in. The staff member stated some of the CNAs will yell at staff if they say anything. Class III	N 063		