

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Sarasota Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1524 East Avenue South Sarasota, FL 34239	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41905</p> <p>Based on interview and record review, the facility failed to honor the resident or the responsible party's right to be informed of the risks, benefits, side effects, and alternatives of psychotropic medications administered by the facility to 1 resident (#7) of 3 reviewed for informed consent for psychotropic medications.</p> <p>The findings included:</p> <p>Review of the medical record revealed Resident #1 was admitted to the facility on [DATE]. The comprehensive assessment dated [DATE] revealed Resident #7 had diagnosis of non-Alzheimer's dementia. The resident's diagnosis list did not include anxiety, depression, or psychotic disorder.</p> <p>The resident's Brief Interview for Mental Status (BIMS) score was 3, indicating severe cognitive impairment. On 7/30/24, the physician certified the resident was incapable of making informed medical decisions because the resident could not understand the consequences. The resident's son was appointed as health care surrogate (HCS) on 7/29/24. The HCS was responsible for making health care decisions on behalf of Resident #7.</p> <p>The medication administration record MAR for January 2025 revealed an active order dated 10/22/24 for Buspirone 10 milligrams (mg) 3 times a day for anxiety.</p> <p>The MAR for August 2024 revealed the facility administered Seroquel 50 milligrams at bedtime for anxiety on 8/26/24. Seroquel is an antipsychotic used to treat several kinds of mental health conditions.</p> <p>The MAR for January 2025 revealed an active order dated 8/27/24 for Trazodone 50mg at bedtime for depression/insomnia. Review of the MAR for August revealed the facility began administering the medication on 8/27/24.</p> <p>The January 2025 MAR revealed an active order for Depakote Sprinkles 125mg twice a day to stabilize Resident #7's mood. The physician's order was dated 10/22/24. Review of the MAR for October 2024 revealed the facility began administering the medication on 10/22/24.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Advanced Registered Nurse Practitioner (ARNP) Psychiatric Specialist's note dated 11/12/24 revealed the following medications: Buspirone for anxiety; Trazodone for major depressive disorder, and Depakote sprinkles for mood disorder. The note stated that Risks (including but not limited to black box warning), benefits and alternatives were discussed.</p> <p>On 1/13/25 at 2:30 p.m., the clinical nurse consultant said the facility does not obtain signed consent forms prior to administering psychotropic medications. The nursing home administrator (NHA), who was present at the time, said he only worked at the facility for approximately 2 weeks and was not sure of the facility's policy.</p> <p>On 1/13/25 at 4:25 p.m. during a telephone interview with the HCS, he said he did not consent to the psychotropic drugs the facility is administering to Resident #7. He said the facility staff did not inform him of the risks, benefits, side effects, or alternatives to the medications. He said he specifically told the staff he did not want antipsychotics. He said his communication with the facility is mainly with the business office manager.</p> <p>On 1/14/25 at 10:45 a.m., during an interview with the ARNP psychiatric specialist, said the facility staff usually obtain consent for psychotropic medications and discuss any side effects, risks, benefits, and alternatives with the resident or the HCS. She said she could not remember discussing the information with the HCS. She said she was under the impression the facility obtained signed consents for psychotropic medications.</p> <p>The medical record review on 1/13/25 and 1/14/25, including the paper record and the electronic record, nursing progress notes, physician's progress notes and physician's orders, revealed no indication the staff or psychiatric ARNP informed the HCS of the risks, benefits, side effects and alternatives to treatment. There was no indication the HCS gave consent for the psychotropic medications to be given to Resident #7.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30599</p> <p>Based on interview and record review the facility failed to thoroughly investigate one (Resident #1) of two residents surveyed for an injury of unknown origin when the injury was identified as being an older injury the facility failed to look back at an injury which had occurred three days prior to the injury being assessed and investigate if the injury had occurred during that same time period.</p> <p>The findings included:</p> <p>Resident #1 is a [AGE] year-old female who was admitted to the facility on [DATE] with Cerebral Infarct, Schizophrenia, Dementia, Bipolar Disorder, Hemiplegia of the left side, Anxiety, EPS, Chronic Pain, and Osteoarthritis.</p> <p>The Quarterly Minimum Data Set (MDS) dated [DATE] shows Resident #1 had a Brief Mental Status Interview (BIMS) score of 00. This score shows a severe cognitive impairment.</p> <p>Section GG of the MDS shows Resident #1 was dependent on staff for providing personal care and mobility of transferring and toileting.</p> <p>A progress note dated 6/20/24 at 5:36 p.m. reads, Staff notice resident favoring left arm. Resident begin screaming when arm is touched. Resident unable to follow instructions during evaluation. Resident given Tylenol for the pain. DON notified. X-ray ordered.</p> <p>A radiology report dated 6/21/24 at 8:56 p.m. shows no evidence of fracture or dislocation to Resident #1's left arm.</p> <p>A Progress not dated 6/23/24 at 8:49 p.m. reads, CNA (Certified Nursing Assistant) inform nurse that resident is complaining of pain to right forearm. Upon assessment, the forearm has swelling, yellowish discoloration, and the resident is yelling out in pain when touching area. Spoke with [physician] new order received to send resident out to SMH for evaluation and Treatment.</p> <p>On 6/24/24 at 12:27 a.m., the emergency room physician documented, On my exam patient is unable to provide any history. She has severe dementia and appears confused. She does have old appearing ecchymosis across the forearm. No other bruises noted or evidence of trauma .X-ray imaging of the right forearm does identify an oblique minimally displaced fracture of the ulna. She was placed in an ulna gutter splint. She is given orthopedic follow-up .social work was consulted to assist with DCF case and investigate to determine the root cause of the patient's injury.</p> <p>The facilities investigation of the injury shows the injury to the resident's right arm occurring on 6/24/24. The investigation shows no documentation of the facility looking at the potential for the injury to have occurred on 6/20/24 when the nurse documented an injury to the resident's left arm even though the emergency room physician documented the right arm bruising was older and not acute. There is no signs of any trauma documented to the left arm after 6/20/24. The only bruising noted on either of the resident's arms was noted to the right arm on 6/24/24 by the emergency room physician.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facilities investigation showed no written statements from facility staff. The Investigation has no interview with the Licensed Practical Nurse who documented an injury on 6/20/24 to Resident #1's left arm to verify if the resident had an injury to the left or right arm or if there were any signs of the resident having an injury to the right arm on 6/20/24.</p> <p>On 1/13/24 at 1:40 p.m. The current Administrator and the Interim Director of Nursing verified a more thorough investigation should have been completed to investigate if the fracture of the right arm occurred at the same time as the injury to the left arm was documented on 6/20/24.</p>

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41905</p> <p>Based on interview and record review, the facility failed to provide the delivery of social services for discharge and transfer assistance for 1 (Resident #7) of 3 residents reviewed for discharge and transfer from the facility.</p> <p>The findings included:</p> <p>Review of the facility Social Work policy effective February 2021 revealed, The facility will provide an adequate number of staff to provide for the medically related social services needs of resident/patient(s). The Social Worker/designee .function as the Discharge Planner and are responsible for formulating the initial discharge plan and projected discharge date .Identify and seek ways to support residents' individual needs and preferences, customary routines, concerns and choices.</p> <p>Review of the record revealed Resident #7 was admitted on [DATE] with diagnosis of toxic encephalopathy (A brain disease that can cause memory loss, seizures and coma.) and dementia.</p> <p>Review of the care plan by the social worker initiated on 4/24/24 revealed Resident #7 and the family want to relocate the resident to a skilled nursing facility in the [NAME] area to be closer to family. The goal was for the resident to relocate by the next review date. The intervention dated 7/29/24 revealed the social worker will assist in making referrals to facilities in the [NAME] area and will help facilitate safe discharge and assist with needed referrals.</p> <p>Review of the social services note dated 7/29/24 revealed Resident #7's son informed the social worker of the desire to relocate the resident to the [NAME] area. The resident's son requested a referral to be faxed to [NAME] Rehab Center in [NAME].</p> <p>Review of the facility document, Acceptance of Health Care Proxy Designation dated 7/29/24 revealed Resident #7's son assumed appointment as Health Care Proxy for the resident.</p> <p>Review of the facility document, Activation of Authority for Incapable Residents, dated 7/30/24 revealed Resident #7 was incapable of making informed medical decisions.</p> <p>Review of the social services note dated 12/12/24 revealed Resident #7 would remain in the facility for long term care. The Social Services Director (SSD) would follow up as needed.</p> <p>On 1/13/25 at 2:26 p.m., the SSD said the Health Care Surrogate (HCS) expressed the desire to relocate the resident to a facility in the [NAME] area. The SSD said the Nursing Home Administrator told her to have the family find the facility and then fax over the referral. She said the referral was faxed to [NAME] Park Rehab on behalf of the resident and HCS. The SSD said there was one other referral during that time, but there have been none since. She said she has not heard much from the HCS and has not assisted the HCS to find a suitable facility.</p> <p>(continued on next page)</p>		

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<p>F 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/13/25 at 4:25 p.m., during a telephone interview Resident #7's son and Health Care Surrogate, said he asked the facility for help in relocating Resident #7 to a facility in [NAME]. He said the facility response was, You do the leg work and find the place and we will send the referral. He said the resident needs a specific type of facility that specializes in residents with dementia who require a locked, secure unit. He said he does not know the first thing about finding a skilled nursing facility that offers the type of care the resident needs. He said he asked the social worker for help but has gotten no help in finding a suitable facility. He said the facility has known about the issue since Resident #7 was admitted on [DATE].</p> <p>On 1/13/25 at 3:37 p.m., the Nursing Home Administrator said he has been an administrator for about [AGE] years and has worked at the facility for about 2 weeks. He said he did not instruct the SSD on how to relocate the resident closer to family. He said if the family needs assistance relocating a resident out of town to a facility closer to them, then the SSD should certainly help them. The NHA said there are multiple ways to help and faxing a referral to the new facility is only one of the ways to assist in the transfer and relocation.</p>		