

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 02/27/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>21322</p> <p>Based on review of the facility's policies and procedures and staff interviews, the facility failed to protect the health, welfare and rights of each resident by failing to ensure 1 (Staff A) of 5 staff reviewed was screened for a history of abuse, neglect, exploitation, or misappropriation of resident property before beginning employment.</p> <p>The findings included:</p> <p>Review of the facility's Abuse Prevention Program effective 2012 and most recent change date of November 2024 revealed. The facility has designated and implemented processes, which strive to reduce the risk of abuse, neglect, exploitation, mistreatment, and misappropriation of resident's property . Implementation and ongoing monitoring . Potential employees will be screened, per federal &/or state regulation, during the hiring process for history of abuse, neglect, or mistreatment of residents. Screening will consist of . Criminal background checks will be completed to identify any potential employee unfit to work in LTC (Long Term Care) .</p> <p>Review of the facility's current employees list revealed Staff A was a dietary aide with a date of hire of 1/14/25.</p> <p>On 2/26/25, review of the Florida Agency For Healthcare Administration's Care Provider Background Screening Clearing house revealed Staff A's last employment at a position that requires a background screening ended on 5/8/23.</p> <p>Staff A's employment at the facility was not entered in the background screening clearinghouse. The last eligibility determination for employment at a Medicaid/Medicare Participating Provider was 3/23/23.</p> <p>On 2/26/25 at 12:43 p.m., in an interview the Human Resources Director verified Staff A date of hire was 1/14/25.</p> <p>She verified Staff A was not entered in the Background Screening Clearing house.</p> <p>She verified Staff A had a break in employment greater than 90 days when he was hired on 1/14/25 and the facility failed to obtain a new background screening as required by the Florida Agency for Healthcare Administration.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Staff A's timecard revealed Staff A worked on 2/16/25, 2/17/25, 2/20/25, 2/21/25, 2/22/25, 2/23/25, and 2/25/25 without the required screening.</p>		