

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Shores Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to ensure residents in the 400 Hall Memory Care Unit lived in a clean, comfortable, homelike environment. The findings include: On December 8, 2025 at 1:40 pm, a tour of the facility's Memory Care unit (400 Hall) revealed the floors throughout the unit had food/debris. The floors were sticky in the Dining area and throughout the all the resident rooms. room [ROOM NUMBER]'s floor was full of debris and food. room [ROOM NUMBER] had a mattress on the floor with fall mats. The floors were extremely dirty, the mats were dirty, and the sheets on the bed were stained. (photographic evidence obtained) At this time, Staff A, Personal Care Assistant (PCA), was observed using a mop at the end of the hallway. When asked about housekeeping, he stated he is normally a PCA but all of maintenance and housekeeping called out sick today, so he was fulfilling those duties. At 2:00 pm, an interview with the Director of Nursing revealed several staff in housekeeping called out sick today. She advised they will address the cleanliness immediately. An interview was conducted with Staff B, Registered Nurse (RN), who was passing medications on the hallway. When asked about the state of the floors and resident rooms, she stated the cleaning definitely needs to improve on this unit and agreed the floors were not clean and had a sticky substance. At approximately 3:15pm, a second observation of room [ROOM NUMBER] revealed the floors had been swept and mopped and the fall mats had been cleaned off; however, the mattress still had stained/soiled bedsheet.</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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