

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 05/08/2025
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 0565</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 organize and participate in resident/family groups in the facility.</p> <p>Based on resident council interviews, review of resident council grievances, staff interviews, and policy reviews, the facility failed to demonstrate acting upon 1 of 1 sampled grievances filed by the resident council regarding food.</p> <p>The findings include:</p> <p>A meeting was held with the Resident Council members in the facility on 5/7/25 at 2:20 PM, which included Residents 2, 17, 30, 32, and 55. During the meeting, the residents voiced ongoing concerns about the variety and quality of the food served by the facility. The residents stated the food was sub-par and the menu changed based on what the kitchen has available. The only alternate meal items that are available were a grilled cheese sandwich, egg salad sandwich, tuna sandwich, or peanut butter and jelly sandwich. They have voiced several complaints about the food and do not always receive the monthly resident choice meal either. They can no longer have fried chicken because the facility cannot purchase oil to fry the chicken, and they bake the chicken instead. They stated that families bring in food from outside to the residents.</p> <p>The Resident Council meeting minutes dated 2/27/25 revealed the residents wanted meal changes and different food. The Resident Council minutes dated 12/2024 revealed that the residents wanted a change of their food menu. A grievance filed by the Resident Council dated 3/19/25 and documented by the Social Services Director revealed a concern with the lack of variety of food and having the same dinners over and over. The findings of the investigation stated, Pictures of portion sizes and repetitive menu items sent to corporate. Plan to resolve grievance: facility will work with contracted company to improve portion size and variety of menu items offered. Expected results of actions taken: corporate to work with agency providing kitchen food services to improve food offered to residents. Post-investigation follow-up notes indicate that the grievance was not resolved and the facility continues to work with the agency to provide better food options. The original complainant stated they were not satisfied and had ongoing concerns with food. The investigation results and resolution steps were reported to Resident Council dated 3/26/25.</p> <p>An interview was conducted with the Dietary Manager on 5/8/25 at 9:55 AM. She stated that the Resident Council has complained about portion sizes and the quality of the food served by the facility. She had no knowledge of the grievance filed by the Resident Council on 3/19/25. She stated the menu was changed to the summer menu but that was not in response to the grievance and was a routine process this time of year. She stated the last resident choice monthly meal was served in February 2025 and she had not received the requested meals from the Activities Director monthly.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with the Social Services Director on 5/8/25 at 10:15 AM. She stated the Resident Council had ongoing concerns with the food and lack of variety. The staff were to take pictures of the food and send to corporate. She stated a contractor has a budget for the food and oversees the purchases for the food supply. She stated the grievance was reported to the corporate entity and she was not able to provide any evidence of measures the facility took to resolve the grievance or follow-up regarding the food.</p> <p>The facility policy for Grievances (dated 9/7/23) states, The center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and inform the resident of progress towards resolution. The resident should have reasonable expectations of care and services and the center should address those expectations in a timely, reasonable, and consistent manner.</p>		

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<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 observation, resident interviews, and staff interviews, the facility failed to maintain resident equipment in a safe and sanitary manner in 1 of 20 rooms. (room [ROOM NUMBER])</p> <p>The findings include:</p> <p>On 05/05/25 at approximately 12:00 pm, upon observation of room [ROOM NUMBER], it was noted that the base boards visible from the entrance of the room were damaged, cracked, and held together with blue painter's tape and that the bed frame of one of the residents in this room had extensive rust covering more than half the length of the bed.</p> <p>On 05/06/25 at approximately 12:50pm, an interview was performed with Maintenance Employee A and the Administrator about maintenance issue tracking. Employee A stated that he rounds daily to make sure exit doors are working properly, inspects the hallways for anything obvious that might need fixing, and checking the maintenance log that is located at each nurse's station. When asked about the rusted bed frame and baseboards from room [ROOM NUMBER], Employee A stated that he knows beds are on order and was not aware of the extent of rust on the bed and about the damaged based boards.</p> <p>The maintenance log at the nurse's station indicated that replacement light bulbs were needed in room [ROOM NUMBER] on 05/05/25. Employee A stated that he did enter the room that day to replace the bulbs but did not sign that he completed the work order, nor did he notice the rust on the bed or the broken base boards with blue painter's tape.</p> <p>On 05/07/25 at approximately 12:00pm, an interview took place with the Administrator about the bed frame. At approximately 12:20pm, the Administrator came to clarify that bed order information was requested. However, on 05/08/25 at approximately 2:00 pm, the Administrator confirmed that no beds have been ordered at this time.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Resident #51</p> <p>On 05/08/25 at 09:08 AM, an observation of Resident #51 revealed the resident was sitting next to beauty salon waiting to get her hair done this morning. When asked if she felt that she was being treated with dignity and respect, she stated that they aren't treating me right. When asked who is not treating her right, she responded, all of them. The resident was well dressed and groomed.</p> <p>On 05/08/25 at 12:06 PM an interview was conducted with the daughter of Resident #51. She stated there were times when the aids were rough with her mother. She stated her mother complains a lot about the staff. She knows her mom has dementia, but she can still say what is going on around her.</p> <p>A review of the care plans for Resident #51 revealed there were no care plans in place for the resident behaviors or false allegations. Resident #51 has care plans risks for falls/injury related to falls related to History of falls, Impaired mobility, Poor balance, Poor safety awareness, Cognitive status increases risk, Forgets to use assistive devices, Antidepressant medications, antiplatelet medication use, Visual deficit and Risk for alteration in communication related to being Hard of Hearing. However, there are no care plan interventions in place for behaviors as described by the staff for Resident #51.</p> <p>On 05/08/25 at 12:31 PM, an interview was conducted with the DON. The DON stated Resident #51 complains about a lot about things. The facility has had many aides not coming back to work because of the demands the daughter has made. When asked why these behaviors are not in her care plan, she stated that the behaviors should have been care planned.</p> <p>Based upon observations, record reviews, and interviews, the facility failed to provide a comprehensive person-centered care plan process to meet the needs and services for six out of twenty-one residents reviewed. (Residents #5, #10, #27, #79, #31, and #51)</p> <p>The findings include:</p> <p>Resident #5</p> <p>A record review on 5/6/25 of Resident #5 revealed diagnoses of Chronic obstructive pulmonary disease (COPD), Dementia, Schizophrenia, Cerebrovascular accident (CVA), Type 2 Diabetes, Epilepsy, and Heart Failure. A plan of care was initiated on 8/26/24 for review of functional abilities with goal to maintain current level of functioning abilities but no interventions were in place. Resident #5 had no plan of care in place prior to 5/7/25 for limited range of motion. This plan of care was initiated post interview with the Director of Nursing (DON) on 5/6/25. The DON stated that the facility only had a partial restorative program in place for dining activities only.</p> <p>Resident #10</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review on 05/06/25 for Resident #10 revealed diagnoses of Chronic respiratory failure, Arteriosclerotic Heart Disease (AHD), systolic congestive heart failure, Paraplegia, Type 2 diabetes, and epilepsy. Resident #10 is on hospice services. Resident #10 requires oxygen at 2 liters per minute by nasal cannula continuously except when smoking. The plan of care does not reflect if Resident #10 is a safe smoker and does not reflect that she requires supplemental oxygen therapy. Resident #10 has a indwelling foley catheter with current interventions: position catheter and tubing below bladder and away from entrance room door and to monitor for pain and discomfort only.</p> <p>Resident #27</p> <p>A record review on 5/7/25 for Resident #27 revealed diagnoses of CVA, Dementia, COPD, Atrial fibrillation (AFIB), Cognitive communication deficit and requires assistance with personal care. Resident #27 has a elopement risk plan of care initiated on 3/17/25 with interventions to include monitor for fatigue and secure unit. Resident #27 is currently not residing on a secure unit. She has a plan of care for alteration in functional performance with current interventions that include providing a wheelchair with partial / moderate assistance of 1 person and reporting changes as needed. Resident #27 does not have a plan of care for Dementia, CVA, behaviors related to psychotic disorders, or for communication deficit.</p> <p>Resident #79</p> <p>A record review on 5/6/25 for Resident #79, who was admitted to facility on 1/12/25, revealed diagnoses of CVA, Dementia, phonological disorder, type 2 diabetes, and receiving hospice services. Resident #79 requires cueing, supervision, and minimal assistance with Activities of daily living. On 1/24/25, a care plan was initiated for alteration in functional status with intervention to report changes in functional performance. A plan of care for alteration in activities of daily living was not initiated until 05/05/2025. Resident #79 was admitted to the facility with hospice services, and a plan of care was initiated on 1/13/25 for end stage disease process. On 5/5/25, a plan of care was initiated for Hospice services with a terminal diagnosis. On 5/5/25 a plan of care was initiated for diabetes, incontinence of bladder, and incontinence of bowel, although he was admitted to facility on diuretic medication.</p> <p>Resident #31</p> <p>A record review on 5/7/25 revealed Resident #31 had diagnoses of Atrial Fibrillation, Type 2 Diabetes, Epilepsy, AHD, Cardiac pacemaker, Cirrhosis of the liver, and Hepatic encephalopathy. There were no plans of care specific for each disease process for Resident #31. Resident #31 had a plan of care for antibiotic therapy initiated on 2/10/2025 with a goal for the resident to be free from complications related to infection. She is care planned for emotional and physical trauma with a goal that she will feel safe and supported. She is care planned for alteration in functional status with intervention for one staff member to assist with personal care and to report changes; high risk medication use with intervention to monitor for side effects of medications and report changes.</p> <p>On 5/8/25, an interview with DON was performed about the care plans. She acknowledged that these care plans did not directly address the residents' care needs.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based upon observations, interviews and record reviews, the facility failed to meet the needs and services of resident number 27 who is unable to carry out activities of daily living.</p> <p>The findings include:</p> <p>An observations was conducted on 05/05/27 at 12:30 PM revealed resident 27 lying in bed with her head resting against the side rail, hair appears tangled, unkept, and messy with her bangs hanging over into her eyes. Resident 27 teeth appear to have yellowish colored substance build up around teeth and gums when she smiled, shirt unclean with notable stains on the front of the shirt.</p> <p>On 5/6/27 at 08:40 AM resident 27 is observed laying in bed with a yellow and white striped shirt on, pulled up to her upper torso just below her breast area, incontinent brief on, with a white thin sheet covering her lower extremities. Her teeth is observed with a thick yellowish substance around her teeth and gum line. Her hair is messy and unkept.</p> <p>An observation was made on 5/6/27 at 12:21 PM of resident 27 coming out of dining room with assistance from staff noted to be in a pair of black pull up pants, incontinent brief appearing over the top of her pants, white short with tan and brown stains on left arm sleeve of shirt, on the front of her shirt down to her torso area, shirt is pulled up exposing her abdomen area, hair is messy with food particles in her lap.</p> <p>At 01:30 PM and 04:01 PM resident is sitting I wheelchair at nurses station, slumped down in the wheelchair with her legs extended outward in front of her, eyes closed, her head is resting on the left hand, she is wearing the black pants and white stained shirt with food particles in her lap.</p> <p>An observation was made on 5/7/25 at 12:00 PM sitting in hallway in her wheelchair at nurses, she is dressed in a dark pink pair of capri pants and matching top, yellow non-skid socks on bilateral feet. She has food particles and stains on the front of her shirt and in her lap. Her hair is disheveled, and her bangs are hanging in her eyes. Her teeth continues to have thick yellowish build up around them and her gumline.</p> <p>On 05/07/25 at 03:30 PM and at 06:00 PM resident 27 is observed sitting up in wheelchair, with same dark pink clothing on with continued food stains and food particles on her clothing. She is in slouching position with feet extended outward in front of her; her upper back and neck area is resting against the back top of the wheelchair and has her head propped up against her left hand.</p> <p>On 5/08/25 at 08:10 AM an observation of resident 27 revealed her laying in bed with a pajama top on, navy blue with small different color flowers on it, food particles on her mouth, lips and on the front of her shirt. A white sheet is noted to be covering her from the waist down. Hair is messy and appears unkept. Her teeth has a thick yellowish substance around her gum line and teeth.</p> <p>At 11:45 AM an observation of resident sitting in dining room, hair appears to be brushed, staff member states, the therapist just brought her in here, she is in a shirt sleeve multicolored striped shirt and dark blue pants. Her teeth continues to have a thick yellowish substance around her gum line and teeth.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon record review the MDS assessment with ARD date of 3/11/25 section GG indicates resident 27 requires moderate to maximum assistance with personal hygiene care, showers, incontinent care, dressing, toileting, and transfers. Resident 27 plan of care reveals resident 27 has an alteration in functional performance, requires assistance to complete self-care tasks with goal that resident 27 will maintain the highest practical level of functioning performance, Interventions include staff will provide assistance with hygiene, mobility, dressing, grooming, oral care, and toileting needs.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observations, interviews and record review, the facility failed to provide care and services for 1 of 1 residents reviewed for range of motion (Resident #5).</p> <p>The findings include:</p> <p>An observation of Resident #5 was made on 5/6/25 at 08:30 AM. The resident was lying in bed awake and alert, with the head of the bed (HOB) elevated at an approximately 90-degree angle. The bedside table was placed in front of Resident #5 across her lap area with her breakfast tray sitting on top. Resident #5 reached for her cup with her left hand. Her left hand had a contracture with the third, fourth, and fifth digits resting on her left inner palm. No splints or devices were observed on her left hand.</p> <p>At 12:00 PM, Resident #5 was observed sitting up in her bed with the HOB elevated at a 90-degree angle. Her lunch tray was sitting on top of the bedside table. Again she was observed without splints or devices to the left hand.</p> <p>Further observations on 5/6/25 at 2:00 PM and 4:30 PM; on 5/7/25 at 8:30 AM, 11:30 AM, 1:00 PM, and 3:30 PM; and on 5/8/25 at 8:33 AM, 9:30 AM, and 12:00 PM revealed that Resident #5 did not have any splints or devices in her left hand to address the contractures.</p> <p>On 5/8/25, Staff Member B (a Certified Nursing Assistant (CNA)) was at her bedside assisting resident 5 up out of bed. An interview was conducted with Staff Member B at that time. She revealed that she is the restorative aide for the facility. She was asked about Resident #5's contracture to her left hand. Staff Member B stated the resident has had these contractures since she was admitted to the facility. Staff B stated they provide range of motion and splints devices for Resident #5 when they have enough staff. Staff B stated she has to perform regular CNA duties at least three times a week if not more. Staff Member B stated they have not had a restorative program for a while, but she became the restorative aide in January of this year. Her job duties include splints, range of motion, dining, and all the monthly and weekly weights for the entire facility.</p> <p>Upon record review of the Minimum Data Set (MDS) assessment from 2/17/25, it was discovered that Resident #5 has a Brief Interview for Mental Status (BIMS) score of 6. The MDS revealed that Resident #5 has impairment to upper extremity and impairment to bilateral lower extremities.</p> <p>A review of physical and occupational therapy screenings revealed the resident's initial physical therapy screening was conducted on 8/20/24, revealing that Resident #5 had functional limitations due to contractures and limited range of motion to right hip, right knee, left hip, and left knee. Her Discharge summary dated [DATE] from physical therapy services reveals recommendation for 24-hour care, but no restorative and functional programs indicated at this time. The initial occupational therapy screening dated 8/24/24 revealed right and left upper extremity were Within Functional Limits with no contractures noted. The occupational Discharge summary dated [DATE] recommends 24-hour care but no restorative program or functional maintenance program not indicated at this time. A record review reveals a care plan for alteration in functional performance due to a history of CVA and left side hemiparesis with a left hand contracture that was initiated on 8/26/24.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director and Assistant Director of Nursing was conducted on 5/7/25 at 02:20 PM. They stated that the facility had a partial restorative program for dining only. A care plan was initiated on 05/07/25 for alteration in musculoskeletal status related to left hand contracture and will remain free from pain and will remain free from complications related to left hand contracture.</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on resident interview, record review, and staff interview, the facility failed to provide appropriate care and services of an arteriovenous (AV) fistula for 1 of 1 sampled residents receiving dialysis services. (Resident #39)</p> <p>The findings include:</p> <p>An interview was conducted with Resident #39 on 5/6/25 at 9:15 AM. She stated she had a new fistula in her left arm and the nursing staff did not touch, palpate, or assess the fistula.</p> <p>A review of the resident's medical record revealed the new AV fistula was placed on 4/10/25. The record revealed no physician's orders to check the bruit and thrill of the fistula until an order was placed on 5/7/25. (A thrill is a vibration felt when touching the fistula, and a bruit is a swishing or whooshing sound that can be heard with a stethoscope over the fistula. Both are indicators of normal blood flow through the fistula and are essential for its proper function.) A review of the hospital discharge instructions dated 4/10/25 revealed on page 7 that the fistula site should be checked daily to make sure the thrill feels the same. The record revealed the thrill was only assessed by nursing staff on 4/12/25, 4/13/25, and 4/20/25.</p> <p>An interview was conducted with the Director of Nursing (DON) on 5/8/25 at 11:12 AM. The DON stated the resident had no orders prior to 5/7/25 to monitor the bruit and thrill of the new fistula in her left arm. She stated the resident should have had the bruit and thrill monitored since the fistula was placed on 4/10/25.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on record review and staff interview, the facility failed to provide medication to prevent hepatic encephalopathy (swelling of brain caused by liver disease) as prescribed to Resident #31 who subsequently experienced a change in condition which required transfer to a hospital.</p> <p>The findings include:</p> <p>A record review conducted on 5/6/25 for Resident #31 revealed that the resident was admitted to the facility with a diagnosis of hepatic encephalopathy and liver cirrhosis (scarring of the liver affecting its function). Resident #31 was prescribed rifaximin 550 mg (milligrams) twice a day to treat hepatic encephalopathy . The nursing home medication administration record and progress notes revealed that Resident #31 did not receive rifaximin 1/27/25, 1/26/25, 1/24/25, or 1/18/25 due to the medication not being available from the pharmacy. On 1/31/25 a change of condition progress note revealed Resident #31 was experiencing increased tremors, increased confusion with sudden decline in self-care activities of daily living .</p> <p>A review of the hospital notes found on 1/31/25 Resident #31 was transferred to an acute care hospital for altered mental status exhibiting uncooperative behaviors and tearfulness. Upon further review the hospital discharge summary report dated 2/4/25 documented the nursing home was out of the rifaximin for the last several days.</p> <p>A review of the package insert for rifaximin found that an indication for use is to reduce the risk of overt hepatic encephalopathy (HE) recurrence. Symptoms of hepatic encephalopathy range from mild cognitive changes to severe neurological disturbances, including confusion, disorientation, and even coma.</p> <p>An interview conducted with Director of Nursing (DON) on 5/6/25 at approximately 10:00 AM revealed that Resident #31 has episodes of confusion but is cooperative with care and services. The DON further stated, on most days, Resident #31 will be up out of bed, dressed and groomed with her hair done and make-up on; with other days when she will sleep most of the day. The DON stated that Resident #31 becomes more confused and more emotionally upset when she does not get her liver medications. The DON stated the pharmacy sends only a five-day supply of rifaximin at a time because it is really expensive, costing over \$100 dollars per day. The surveyor inquired about the several days of missing medication, and the DON responded that Resident #31 only missed that one day, on 1/31/25, when she went out to the hospital. The DON declined to comment on the multiple missed doses of rifaximin as indicated by the MAR.</p>		

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 05/08/2025
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 0883</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 for flu and pneumonia vaccinations.</p> <p>Based on policy review, record review, and staff interview, the facility failed to provide documentation that 4 of 6 residents reviewed received education and were offered the pneumococcal immunization. (Resident #21, #76, #14, and #50)</p> <p>The findings included:</p> <p>Upon a review of Residents #21, #76, #14, and #50's medical records, it was discovered that they were missing documentation about Education and Consent or Declination of the Pneumococcal Immunization.</p> <p>After reviewing the paper and electronic medical record, an interview with the Assistant Director of Nursing (ADON) was conducted on 05/6/25 at 12:45pm about how often the flu and Pneumococcal vaccines are offered. The ADON stated they are offered yearly in the fall. If a resident declines immunizations, the ADON stated There should be a declination on the chart.</p> <p>An interview was conducted with the facility's Director of Nursing (DON), Assistant Director Of Nursing (ADON), and Administrator on 05/06/25 at approximately 2:30 pm. The DON stated that every resident receives education on immunizations on admission and, if they decline, there should be a declination form in the chart. When informed that no such forms were present for Residents #21, #76, #14, and #50, they attempted to locate these forms. However, they were unable to provide this documentation.</p> <p>The facility's policy titled Pneumonia Vaccine (effective date 09/07/2023) states:</p> <p>* Prior to or upon admission, residents are assessed for eligibility to receive the the pneumococcal vaccine series, and when indicated, are offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident has already been vaccinated</p> <p>*Assessments of pneumococcal vaccination status are conducted within five working days of the resident's admission if not conducted prior to admission.</p> <p>* Residents/representatives have the right to refuse vaccination. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the pneumococcal vaccination protocol</p>		

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 05/08/2025
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on policy review, record review, and staff interview, the facility failed to provide documentation that 5 of 6 residents reviewed received education and were offered the pneumococcal immunization. (Resident #72, #21, #76, #14, and #50)</p> <p>The findings included:</p> <p>Upon a review of Residents #72, #21, #76, #14, and #50's medical records, it was discovered that they were missing documentation about Education and Consent or Declination of the COVID Immunization.</p> <p>After reviewing the paper and electronic medical record, an interview with the Assistant Director of Nursing (ADON) was conducted on 05/6/25 at 12:45pm about how often the COVID vaccines are offered. The ADON stated they are offered yearly in the fall. If a resident declines immunizations, the ADON stated There should be a declination on the chart.</p> <p>An interview was conducted with the facility's Director of Nursing (DON), Assistant Director Of Nursing (ADON), and Administrator on 05/06/25 at approximately 2:30 pm. The DON stated that every resident receives education on immunizations on admission and, if they decline, there should be a declination form in the chart. When informed that no such forms were present for Residents #21, #76, #14, and #50, they attempted to locate these forms, However, they were unable to provide this documentation.</p> <p>The facility's admission Packet states that every resident is to be offered a form to be educated and offer a COVID vaccination if indicated. Resident or residents' representative is required a signature to indicate if patient will receive or decline a COVID immunization.</p>		

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NAME OF PROVIDER OR SUPPLIER Shores Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Ninth Street Port Saint Joe, FL 32456	
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<p>F 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interview, the facility failed to ensure each resident's bedroom was equipped to provide full visual privacy for 2 of 20 sampled resident rooms. (Room numbers 219 and 220)</p> <p>The findings include:</p> <p>An observation of rooms [ROOM NUMBERS] was conducted with the Maintenance Director and the Administrator on 5/7/25 at 1:35 PM. The Maintenance Director measured the privacy curtain between the occupied beds in room [ROOM NUMBER] and stated the curtain between the beds was about 2 feet too short in width to insure complete visual provacy.</p> <p>The Maintenance Director and Administrator then observed the privacy curtains in room [ROOM NUMBER]. The Maintenance Director measured the privacy curtain between the beds in room [ROOM NUMBER] and stated the curtain was about 18 inches too short in width to insure complete visual provacy. (Photographic evidence was obtained.)</p> <p>An interview was conducted with the Administrator on 5/7/25 at 1:24 PM. The Administrator stated she expected each room to be equipped to provide full visual privacy to each resident.</p>		