

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER Creekside Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5511 Swift Road Sarasota, FL 34231	

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** 51259</p> <p>Based on observation, and staff interview the facility failed to provide maintenance services to maintain a clean and comfortable environment in 1 (Memory Care) of 3 units observed.</p> <p>The findings included:</p> <p>On 9/17/24 at 9:10 a.m., and on 9/18/24 at 1:00 p.m., the following observations were made:</p> <p>Wallpaper peeling away from the wall above the floor, along wallpaper seams and along the ceiling in the Memory Care Hallway.</p> <p>rooms [ROOM NUMBER] were missing cove moldings. Sheetrocks were cracked with holes noted in the walls.</p> <p>Resident rooms 123, 125 and 129 were missing pull cords on the overbed lights.</p> <p>Observation of the Memory Care shower room window revealed a broken blind, and broken lights in the bathroom stall and shower stall. The shower room floor tile and stall tiles were covered with orange and brown film.</p> <p>On 9/18/24 at 1:00 p.m., the Administrator verified the wallpaper was peeling away from the wall above the floor, along the wallpaper seams and along the ceiling in the Memory Care Hallway. He also verified the missing cove moldings in rooms 123, 125 and 129. He observed and verified the broken blinds in the shower room, the broken lights in the bathroom and shower stall and the floor tile covered with orange and brown film.</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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