STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41905 Based on record review, resident, resident representative and staff interviews, the facility failed to allow 1 (Resident #18) of 2 residents reviewed the right to participate in their care by failing to inform the resident and representative in advance of the discontinuation of a medication. The findings included: Review of Resident #18's clinical record revealed an admitted [DATE] from an acute care hospital. Review of the Admission Minimum Data Set (MDS) assessment revealed the resident's cognition was intact with a Brief Interview for Mental Status score of 15. Diagnoses included seizure disorder or epilepsy. The clinical record revealed an amended letter of plenary guardianship dated 11/3/17, noting Resident #18 had a court appointed limited guardian of his person and property. Review of the hospital discharge summary dated 12/25/24 revealed discharge diagnoses included Epilepsy without status epilepticus (seizure lasting more than 5 minutes or seizures very close together). The discharge medications included Epidiolex liquid (approved to treat seizures), 400 mg orally two times a day. On 2/17/25 at 11:00 a.m., in an interview Resident #18 said he was under the care of a neurologist and took Epidiolex to prevent seizures. The resident said the facility stopped giving him the Epidiolex on 12/29/24. He said the facility did not tell him why or when they stopped the medication. Resident #18 said on 12/31/24 he had two seizures. On 2/18/25 at 8:55 a.m., in an interview Resident #18's guardian said upon the resident's admission on 12/26/24 she provided the Epidiolex to the facility. She said on 12/30/24 she checked the medication list and found out the facility had stopped the medication. The guardian said no one at the facility notified her the medication was stopped. She went to the Administrator to find out when and why the medication was stopped. The Administrator told her the corporate office told them they could not give the Epidiolex. Resident #18's guardian said the facility accepted the resident knowing he needed the medication. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the physician's orders revealed on 12/29/24 the Assistant Director of Nursing (ADON) wrote a verbal order to discontinue the Epidiolex. The physician signed the order on 1/6/25. Review of the Medication Administration Record (MAR) for December 2024 revealed the Epidiolex was scheduled to be given twice a day, every day at 10:00 a.m., and 6:00 p.m. The last dose of Epidiolex was given on 12/29/24 at 10:00 a.m. The clinical record lacked documentation Resident #18 and the guardian were notified in advance of the discontinuation of the medication, and the reason for stopping the medication. On 2/19/25 at 11:56 a.m., in an interview the ADON said she was working from home on 12/29/24 when she wrote the verbal order to discontinue the Epidiolex. She verified she did not inform the resident or the guardian before discontinuing the medication. She said the guardian was made aware on 12/30/24, one day after the medication was discontinued. . .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155 Based on observation, record review, residents and staff interviews, the facility failed to ensure a safe, clean, comfortable and homelike environment for 9 (Rooms #238, #240, #243, Residents #75's room, #103's room, #109's room, and #81's room)of 22 residents' rooms observed, and 2 (Unit 2A and 2B) of 2 shower rooms observed. The findings included: On 2/17/25 at 9:46 a.m., during the initial tour the following observations were made: 1. room [ROOM NUMBER]: A shampoo bottle, and a spray bottle were stored on the floor next to bed B. 15 unrefrigerated yogurts and a carton of milk were stored on the air-conditioning unit and the windowsill. The shared bathroom had a pile of soiled towels on the floor. Unlabeled dishes and washbasins were stored on a shelf above the toilet. An unlabeled urine measuring container was stored on the toilet tank. Photographic evidence obtained. 2. Resident #108's room: Resident #108 was observed in bed. Her urinary catheter drainage bag was on the floor. 3. room [ROOM NUMBER] A: The mattress on the bed was frayed, torn and soiled covering 50% of the upper portion of the mattress. 4. Resident #75's room: Resident #75 was observed in bed. The urinary catheter drainage bag was on the floor. Garbage was scattered on the floor and the trashcan was not within the residents reach. Photographic evidence obtained. There was damage to one of the walls in the room. A ceiling tile was missing from the shared bathroom, exposing the ceiling pipes. An unlabeled wash basin was stored on top of the sharp container. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An unlabeled wash basin was stored on the toilet seat. Photographic evidence obtained. Outside of room [ROOM NUMBER] there was a fire extinguisher holder with red scattered, unknown substance on the side of the holder. Photographic evidence obtained. 5. Resident #103's shared room and bathroom: Soiled gloves were observed on the floor, next to a pile of unbagged soiled linen. Uncovered and unlabeled wash basins were stored on top of the sharps container. Photographic evidence obtained. The room had a pungent smell of urine and feces. 6. room [ROOM NUMBER]'s shared bathroom: An unlabeled and uncovered wash basin was stored on the toilet tank. 7. Resident #109's room: Snacks foods, and bottles of lemon-aid stored were stored on the floor. A nebulizer (a small machine that turns liquid medication into a mist that is inhaled) was stored uncovered on the floor under the bed. In an interview, Resident #109 said she was using the nebulizer to treat her cough and shortness of breath. The resident said the showers on Unit 2 B and Unit 2 A were broken. There was only one shower that did not always work. Photographic evidence obtained. 8. Resident #107's room: Resident #107 was observed sitting in bed with books piled at end of bed. The resident's clothes were hanging from the privacy curtains, and from a broken television unit on the wall. A urinal 75% full of urine was on the bedside table. Two empty urinals were observed hanging inside of the trash can. In an interview during the observation, Resident #107 said the closet was too small and did not hold all of his clothing. In the shared bathroom: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #107's dentures and toothbrush were stored on the back of the toilet tank. The resident said he stored his items on the back of the toilet because there was no storage or shelving in the bathroom. He said he did not receive showers since the showers in the shower room on the unit were broken. Photographic evidence obtained. On 2/18/25 at 2:45 p.m., the Director of Nursing (DON) observed Resident #107's room and confirmed his clothing was hanging from the privacy curtain. She said the resident liked his things a certain way. She said the resident had too much stuff. The DON said the staff have been working with him to reduce the amount of items he has. The DON said the resident's clothing hanging from the wall where the television was once attached was not an issue or concern. She said the clothing hanging from the privacy curtain was not a safety issue and was ok to be there because the curtain was able to be opened and closed. The DON confirmed the resident's personal care items stored on the back of the toilet tank including dentures and toothbrush was not acceptable. She said they should be stored in a wash basin and placed in the nightstand. She confirmed there were three urinals in the trash can and they would have to come up with a plan for that. 9. On 2/17/25 at 11:00 a.m., Resident #74 was observed in the television room on unit seated in his wheelchair with a towel covering his laps. The resident's shirt was dirty, he had no pants, briefs or underwear on. His sides and back visible through wheelchair gaps. In an interview, Resident #74 said he was not able to find any of his pants. A female resident sat at a table in the room looking at a magazine. 10. On 2/17/25 at 11:27 a.m., Resident #81 was observed in his room. A urinal filled with approximately 25% with urine was sitting on the nightstand. There were dirty linen scattered on the floor. Photographic evidence obtained. 11. On 2/17/25 at 11:42 a.m., observation of the shower room on Unit 2 A revealed a broken and missing shower head in the first stall. Photographic evidence obtained. On 2/17/25 at 11:45 a.m., in an interview Licensed Practical Nurse (LPN) Staff K confirmed the showers on Unit 2 A were not functioning. Staff K said the showers had been broken for a long time. On 2/18/25 at 10:16 a.m., in an interview Certified Nursing Assistant (CNA) Staff O said the showers on Unit 2 A and 2 B have been broken for months. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation of the shower room on Unit 2 B the 2 B revealed 2 functioning showers. The CNA said she did not know exactly how long the showers had not been working but said Maintenance knew about the problem. She said the facility had no maintenance person for several months, so things did not get repaired. On 2/18/25 at 2:45 p.m., in an interview the DON said she was aware the showers on Unit 2 A were not working and confirmed there were only two functioning showers on the 2nd floor. On 2/18/25 at 3:30 p.m., in an interview Resident #109, the Resident Council President said Today was my shower day and I was not offered a shower. Just a little longer and I will go outside and use a hose. The situation with the showers has been going on for a long time, for months. The staff get to go home, and they get to take a shower. This is our home, and we can't get a shower. They give a sponge bath and I'm sorry, but a sponge bath is not a shower. I need a shower, and the shower situation has got to be resolved. I can go into the bathroom and wash myself up, so they don't even offer me a sponge bath. No one here ever offered me a shower. I can tell you, We, as in the Resident Council and other residents who can express themselves feel like we are being ignored. This is our last stop in life for most of us and they need to treat us with respect. No one ever offers me a shower. It is not right. Review of the facility Maintenance Logs revealed on 12/4/24, both showers on unit 2 A are flooded and unable to use. On 1/8/25, Staff report the showers are not working on unit 2 A. On 1/8/25 a maintenance request documented, shower not working, or draining on the 2nd floor unit 2 B. The Maintenance Requests were still marked as open requests and not completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41155 Based on resident and staff interviews, the facility failed to support the resident's right to voice a grievance without fear of discrimination or reprisal for 1(Resident #103) of 2 residents reviewed for grievances. The findings included: The facility policy Abuse, Neglect, Exploitation, Misappropriation, Mistreatment and Injury of Unknown Origin issued 8/2022, defined Mental abuse: the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame. Review of the clinical record revealed Resident #103 had a readmitted [DATE] with diagnoses including multiple sclerosis, anxiety and major depressive disorder. Review of the Quarterly Minimum Data Set (MDS) with a target date of 2/2/25. The MDS noted the resident's cognitive skills for daily decision making were intact with a BIMS score of 15. Resident #103 had an indwelling urinary catheter and was always incontinent of stool. Resident #103 was dependent on staff for toileting and required substantial/maximal assistance to shower/bathe self. On 2/17/25 at 10:00 a.m., Resident #103 was observed in her room in bed. She said she was bedbound and not able to stand. The room had a strong, pungent odor of urine and feces. Resident #103 said she had not received incontinent care since last night. The resident said, I know I smell right now; I can smell myself. On 2/19/25 at 9:13 a.m., in an interview Resident #103 said she valued her privacy. Two staff members from the management team came to speak with her immediately after her interview with a member of the survey team on 2/17/25 at 10:00 a.m. They wanted to know what was discussed during the interview and made her feel guilty. Resident #103 said she felt insecure about it now. On 2/20/24 at 11:15 a.m., in an interview the Assistant Director of Nursing (ADON) verified she did ask Resident #103 about her interview with a member of the survey team but did not file a grievance for the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51818 Based on observation, interview, and record review, the facility failed to ensure 8 (Residents #109, #346, #196, #108, #138, #103, #9, and #65) of 9 residents dependent upon staff for care received the necessary care and assistance for activities of daily living. The findings included: 1. Review of the Clinical Record Review for Resident #109 revealed an Annual Minimum Data Set (MDS) assessment with a target date of 3/14/24. The assessment noted the resident felt it was very important to choose a shower, bed bath, tub bath or sponge bath. The Quarterly MDS with a target date of 1/2/25 revealed Resident #109's cognitive skills for daily decision making was intact with a Brief Interview for Mental Status (BIMS) score of 15. Resident #109 required set-up or clean-up assistance with showers or bathing and supervision or touching assistance to get in and out of a tub/shower. On 2/17/25 at 10:00 a.m., in an interview Resident #109 stated, Staff do not offer to shower me and no, I did not receive my shower yesterday. The resident said the showers on this side were broken. The shower that is working does not have a grab bar, so she can't use it. Resident #109 said, I'll just have to keep taking a sink bath until they get the showers fixed. On 2/18/25 at 3:15 p.m., in an interview Resident #109 said no one offered to shower her today. The resident said she was afraid to go in the shower because there was no ramp and no grab bar. The resident said she will continue to wash up in the sink, or they can help me find a hose outside until the 2A unit showers are repaired. Resident stated the showers on Unit 2A have been an issue for several months. The issue had been discussed in Resident Council meetings. She has gone months without a shower. Record review of the Certified Nursing Assistant (CNA) bathing documentation failed to reveal documentation Resident #109 received a shower in January 2025 and February 2025. The documentation showed Resident #109 received a sponge bath on 1/2/2025 1/4/2025, 1/6/2025, 1/9/2025, 1/16/2025, 1/20/2025,1/22/2025,1/23/2025, 1/24/2025, 1/29/2025, 1/30/2025, 2/1/2025, 2/6/2025, 2/8/2025, 2/12/2025, 2/13/2025, 2/14/2025, 2/15/2025, 2/17/2025. 2. Review of the clinical record for Resident #346 revealed an admitted [DATE]. Diagnoses included Traumatic Brain Injury, Seizures, Spastic Hemiplegia affecting the left side and muscle weakness. The Annual Minimum Data Set (MDS) assessment with a target date of 1/30/25 revealed Resident #346 had no impairment in functional range of motion in bilateral upper and lower extremities and required supervision with meals and oral hygiene. The MDS noted the residents' cognitive skills for daily decision making were moderately impaired with a Brief Interview for Mental Status (BIMS) score of 06. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Kardex (Provides instructions for safe care) for Resident #346 revealed to encourage, offer assist fluids at meals. Encourage and assist with all ADL tasks as indicated and as tolerated by resident, including meals. On 2/17/25 at 12:00 p.m., Dietary Aide Staff G was observed serving the noon meal to the residents in the dining room. In an interview, Dietary Aide Staff G said no one from the nursing department comes to assist the residents with dining. Staff G said someone from the kitchen or a dietary aid are in the dining room. In an emergency, he would run down the hallway to the nursing desk for assistance. He confirmed no other staff were in the dining room during the meal. On 2/17/25 at 12:30 p.m., Resident #346 was observed in the dining room. A family member was assisting the resident with his lunch. No staff were observed in the dining room to assist resident #346 with his meal. On 2/17/25 at 1:30 p.m., in an interview Resident #346's family member stated that the nursing staff were not providing ADL care or supervision during mealtime. She said, There is not enough staff. Things have changed with the new ownership. The family member said there was an increased use of agency nursing and the CNAs (Certified Nursing Assistants), They don't care the same way that the regular staff does and I feel the care has really declined here. They don't help him at mealtime and I am afraid that he could choke. I feel that he is declining. The family member said Resident #346 had not received a shower in five weeks. Any type of bathing the resident gets is if she provides it. On 2/18/25 at 9:35 a.m., CNA Staff H said Resident #346 was independent with meals and she did not feed him. On 2/18/25 continuous observation from 12:00 p.m., to 12:15 p.m., revealed Resident #346 in the dining area during the lunch meal. Resident #346's eyes were closed. He appeared to be sleeping. Resident #346 had no napkin or silverware. Resident #346 did not start eating until CNA Staff M held the resident's soup container and placed a glass of juice in the resident's hand and guided it towards his mouth. Resident #346 required Staff M's cueing and encouragement throughout the meal. On 2/18/25 at 3:10 p.m., in an interview the Director of Nursing (DON) said that the dining room on the first floor was intended for residents who are independent diners or need staff cueing. On 2/20/25 at 11:30 a.m., Resident #346 was observed sitting at a table in the dining area. Resident #346 was holding a fork but was not eating his meal. No staff was observed in the dining area assisting or cueing Resident #346. On 2/20/25 at 11:40 a.m., the Assistant Director of Nursing (ADON) arrived in the dining area. The ADON verified that there was no nursing staff in the dining room. She said the kitchen staff could go find a nurse down the hall if there was a need. She said if the facility policy states that a member of the nursing team is to be in the dining area during mealtime, then it was not ok not to have someone there. During the observation and interview, kitchen staff were observed walking through the dining room and back to the kitchen with little interaction with the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the CNA documentation for January 2025 and February 2025 failed to reveal Resident #346 received assistance with meals during the 3:00 p.m., to 11:00 p.m. shift on 1/1/2025, 1/2/2025, 1/3/2025, 1/4/2025, 1/5/2025, 1/6/2025, 1/7/2025, 1/8/2025, 1/9/2025, 1/10/2025, 1/11/2025, 1/12/2025, 1/13/2025, 1/14/2025, 1/15/2025, 1/16/2025, 1/17/2025, 1/18/2025, 1/19/2025, 1/20/20225, 1/21/2025, 1/22/2025, 1/23/2025, 1/24/2025, 1/25/2025, 1/26/2025, 1/27/2025, 1/28/2025, 1/29/2025, 1/30/2025, 1/31/2025, 2/1/2025, 2/2/2025, or 2/3/2025. There was no documentation Resident #346 received a shower on 1/2/2025, 1/3/2025, 1/4/2025, 1/5/2025, 1/6/2026, 1/7/2025, 1/8/2025, 1/9/2025, 1/10/2025, 1/11/2025, 1/12/2025, 1/13/2025, 1/14/2025, 1/16/2025, 1/17/2025, 1/18/2025, 1/18/2025, 1/19/2025, 1/20/2025, 1/21/2025, 1/23/2025, 1/24/2025, 1/25/2025, 1/26/2025, 1/27/2025, 1/28/2025, 1/30/2025, 1/31/2025, 2/1/2025, 2/2/2025, 2/3/2025, or 2/4/2025. 3. Review of the clinical record for Resident #108 revealed a re-entry date of 12/29/24. Review of the Quarterly MDS with a target date of 12/11/24 revealed Resident #108's cognitive skills for daily decision making were intact with a BIMS score of 15. The resident was dependent on staff to get in and out of a tub/shower and to showers and bathe self. On 2/17/25 at 9:15 a.m., in an interview Resident #108 stated the showers have been broken for at least one month and she has not been able to get a shower. On 2/19/25 at 9:00 a.m., in an interview Resident #108 said her shower days were Tuesdays and Thursdays on the evening shift. She said no one offered her to shower the previous evening (Tuesday 2/18/25). Resident #108 said they do not offer her showers. She has to remember her shower days and track down an aide to ask for a shower. Review of Resident #108's Kardex revealed the resident was independent to supervision, able to transfer in and out of shower and complete the bathing task. Review of the CNA Activities of Daily Living documentation report failed to show Resident #108 received a shower on 1/2/2025, 1/4/2025, 1/7/2025, 1/9/2025, 1/11/2025, 1/14/2025, 1/16/2025, 1/18/2025, 1/21/2025, 1/23/2025, 1/28/2025, 2/1/2025, 2/4/2025, 2/6/2025, 2/11/2025, 2/13/2025, 2/15/2025 and 2/18/2025. The resident received a sponge bath on 2/8/25. 4. Review of the clinical record for Resident #103 revealed a Quarterly MDS with a target date of 2/2/25. The MDS noted the resident's cognitive skills for daily decision making were intact with a BIMS score of 15. Resident #103 had an indwelling urinary catheter and was always incontinent of stool. Resident #103 was dependent on staff for toileting and required substantial/maximal assistance to shower/bathe self. Review of Resident #103's Kardex revealed staff was to encourage and assist with all ADL as indicated and as tolerated by resident, including bathing, and toileting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/17/25 at 9:15 a.m., Resident #103 was observed in bed. The room had a strong urine odor. The resident's hair was uncombed and greasy. In an interview during the observation, Resident #103 said no one changed her incontinent briefs since the previous night. Resident #103 stated, I can tell that I smell. I did not get changed last night. The CNA ADL documentation for January 2025 and February 2025 lacked documentation of bathing on 1/2/2025, 1/4/2025, 1/7/2025, 1/9/2025, 1/14/2025, 1/16/2025, 1/18/2025, 1/28/2025, 1/30/2025, 2/4/2025, 2/6/2025, 2/8/2025, and 2/11/2025. There was no documentation Resident #108 received personal hygiene care on 1/4/2025, 1/6/2025, 1/7/2025, 1/9/2025, 1/10/2025, 1/16/2025, 1/17/2025, 1/21/2025, 2/4/2025, and 2/8/2025. 30599 5. Review of the clinical record for Resident #9 revealed an admitted [DATE]. Diagnoses included Osteomyelitis, Major Depressive Disorder, Arthritis and Anxiety Disorder. Review of the Quarterly Minimum Data Set (MDS) assessment with a target date of 12/9/24 revealed the resident's cognitive skills for daily decision making were intact with a BIMS score of 14. Resident #9 was dependent on staff for showering and did not reject care. Review of the care plan for activities of daily living initiated on 3/10/24 and revised on 9/13/24 revealed Resident #9 was dependent on staff for bathing needs, including transfer in and out of the shower. On 2/20/25 at 10:45 a.m., in an interview Resident #9 said she does not get a shower when she wants one. She said she would like to shower twice a week but it has been a while since she's had a shower. Review of Resident #9's Kardex showed no scheduled days for showers. On 2/20/25 at 12:30 p.m., in an interview the Director of Nursing (DON) said the Kardex is used to communicate the residents' needs to the CNAs and the shower schedule should be listed on the Kardex. A Shower Schedule list observed hanging behind the B Nursing Station showed Resident #9's showers were scheduled on Tuesdays and Fridays. On 2/20/25 at 1:15 p.m., in an interview Resident #9 said she did not know when she was scheduled to have a shower. Review of the electronic Shower/bathing Task schedule for January 2025 and February 2025 showed documentation of bathing or showers five times in the past 30 days. The most recent documentation of bathing was on 2/15/25. 6. Review of the clinical record for Resident #65 revealed an admitted [DATE]. Diagnoses included Diabetes, Epilepsy, Psychotic Disorder, Traumatic Brain Injury, and Depressive Disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Quarterly MDS with a target date of 12/30/24 revealed Resident #65's cognition for daily decision making was severely impaired with a BIMS score of 7. Resident #65 was dependent on staff for bathing and did not reject care. Review of the resident's care plan revised on 7/17/24 revealed Resident #65 had self-care deficit for activities of daily living and was dependent on staff to transfer him in and out of the shower. The care plan did not include a shower schedule. On 2/19/25 at 3:49 p.m., Resident #65 was observed in the dining room on the [NAME] unit watching television. The resident's hair was uncombed and greasy. Review of the shower schedule list hanging behind the nursing station on the [NAME] Unit showed Resident #65 was scheduled for showers on Tuesdays and Fridays. Review of the electronic Shower/Bathing checklist for January 2025 and February 2025 showed Resident #65 received a shower/bath three times in the last 30 days, on 2/7/25, 2/14/25 and 2/18/25. On 2/20/25 at 12:15 p.m., in an interview the Assistant Director of Nursing verified there was no documentation Resident #65 received his scheduled showers twice weekly. 7. Review of the clinical record for Resident #138 revealed an admitted [DATE]. Diagnoses included Hemiplegia (paralysis of one side of the body), Malnutrition, Cerebral Infarction, and Seizures. Review of the Quarterly MDS with a target date of 2/1/25 showed Resident #138's cognitive ability for daily decision making were moderately impaired with a BIMS score of 08. Resident #138 was dependent on staff for showering and did not refuse care. Review of the care plan for Activities of Daily Living initiated on 11/30/24 revealed the resident was dependent on staff for bathing needs, including to transfer in and out of the shower. Review of the electronic Kardex revealed no documentation of a shower schedule for Resident #138. Review of the unit's shower book revealed shower days were listed for each room. Resident #138's room was not included on the list. Review of the electronic Shower/Bathing checklist from 1/20/25 through 2/18/25 revealed Resident #138 received a bath/shower twice in the last 30 days, on 1/21/25 and 2/17/25. On 2/18/25 at 9:43 a.m., Resident #138 was observed in his room, in bed. The resident had a full beard. In an interview, Resident #138 was asked if he liked having a beard. The resident shook his head and said, No. On 2/19/25 at 12:30 p.m., in an interview Registered Nurse (RN) Staff D verified Resident #138 was not included in the book with the shower schedule. Staff D said he did not know why the resident was not included in the shower schedule. On 2/19/25 at 12:46 p.m., in an interview CNA Staff C said she did not know Resident #138's shower schedule. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/19/25 12:45 p.m., in an interview the ADON said Resident #138 had not been listed on the shower schedule since 3/8/24. She said she could only find documentation the resident received a shower twice in the last 30 days, on 1/21/25 and 2/17/25. 8. Review of the clinical record revealed Resident #196 had an admitted [DATE] and resided in the memory care unit. Diagnoses included Hemiplegia (Weakness on one side of the body), Traumatic Brain Injury and Obesity. Review of the Admission MDS with a target date of 2/8/25 revealed the resident's cognition was severely impaired with a BIMS score of 04. Resident #196 did not reject care. Resident #196 required substantial/maximum assistance to shower/ bathe self, and supervision for eating. On 2/18/25 at 11:14 a.m., Resident #196 was observed in bed, sleeping. The resident's hair was uncombed and greasy. The lunch tray in front of the resident was untouched. On 2/19/24 at 1:43 p.m., Resident #196 was observed bed sleeping. The resident's hair remained greasy. On 2/19/25 at 1:45 p.m., in an interview Licensed Practical Nurse (LPN) Staff N said Resident #196's showers were scheduled for the night shift (11:00 p.m., to 7:00 a.m.). Review of the electronic Shower/Bathing checklist revealed since admission of 2/5/25, Resident #196 received one shower on 2/18/25. On 2/20/25 at 12:15 p.m., in an interview the Assistant Director of Nursing verified there was no documentation Resident #196 received his scheduled showers twice a week as scheduled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41905 Based on observation, record review and interviews, the facility failed to ensure 2 (Residents #6 and #123) of 3 sampled residents received care in accordance with the established plan of care. The findings included: 1. Review of Resident #6's clinical record revealed an admitted [DATE]. Diagnoses included chronic diastolic congestive heart failure, a condition in which the heart doesn't pump blood as well as it should. Review of the Admission Minimum Data Set (MDS) assessment with a target date of 1/7/25 revealed Resident #6's cognition was intact with a Brief Interview for Mental Status score of 15. Review of the Treatment Administration Record (TAR) for February 2025 revealed a physician's order dated 1/30/25 for TED hose (compression stockings) on during the day and off at night to Bilateral Lower Extremities (BLE), every day and evening for BLE edema (swelling caused by excess fluid buildup in tissues) and orthostatic hypotension (sudden drop in blood pressure upon standing up). On 2/17/25 at 3:55 p.m., Resident #6 was observed sitting in a wheelchair. Observation of the resident's lower legs revealed she was wearing tennis shoes and socks rolled down to the ankle. The resident's lower legs were clearly visible. She was not wearing the compression stockings. On 2/18/25 at 11:00 a.m., Resident #6 was observed in the therapy gym. The resident's lower legs were clearly visible. She was not wearing the compression stockings. On 2/18/25 at 4:39 p.m., Resident #6 was observed sitting in a wheelchair. The resident's lower legs were visible. She was not wearing the compression stockings. In an interview, Resident #6 said she did not own a pair of compression stockings. She said the staff have not given her compression stockings and have never applied compression stockings to her legs. Resident #6 said, I wonder if I am being charged for them. On 2/18/25, review of the TAR for February 2025 revealed on 2/1/25 through 2/18/25, each day the nurses placed their initials on the TAR verifying Resident #6 had the compression stockings on during the day and the stockings were removed in the evening. On 2/6/25, the TAR showed the compression stockings were applied in the morning but lacked documentation the stockings were removed in the evening. On 2/18/25 at 4:45 p.m., in an interview Registered Nurse (RN) Staff P verified she documented the compression stockings were applied on 2/18/25 without verifying Resident #6 had them on. On 2/18/25 at 4:52 p.m., the DON was observed in Resident #6's room. In an interview she said she could not find compression stockings or any wraps in Resident #6's room. Resident #6 said she's never worn compression stockings since her admission to the facility, no one had offered or asked her to apply compression stockings. The DON said she would expect the nurses to verify the compression stockings were applied before documenting on the TAR. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105454	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Creekside Health and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/19/25 at 9:57 a.m., in an interview RN Staff D verified he signed on the TAR the compression stockings were applied on 2/1/25, 2/2/25, 2/3/25, 2/5/25, 2/6/25, 2/7/25, 2/10/25, 2/11/25, 2/12/25, 2/13/25, 2/15/25, 2/16/25 and 2/17/25. He said Resident #6 began refusing the compression stockings but he kept documenting on the TAR they were applied to the resident's legs. He said he never verified the resident was wearing the compression stockings when he signed the TAR. 2. Review of the clinical record for Resident #123 revealed an admitted [DATE]. Diagnoses included fracture of the lower end of the right femur (thigh bone). Review of the Admission MDS with a target date of 12/21/24 revealed the resident's cognition was intact with a BIMS score of 14. Review of the MAR for February 2025 revealed an order dated 2/5/25 for a compression sock to the right leg, on in am (morning) and off at HS (hour of sleep/bedtime). On 2/17/25 at 10:30 a.m., Resident #123 was observed in her room sitting in a wheelchair. The resident's lower legs were clearly visible. She was not wearing a compression sock to the right leg. On 2/18/25 at 5:13 p.m., Resident #123 was observed sitting in a wheelchair in her room. Her lower legs were clearly visible. She was not wearing a compression sock to the right lower extremity as ordered. The DON was present during the observation and verified Resident #123 was not wearing the compression sock to the right lower leg. In an interview during the observation, Resident #123 said the compression sock was in her drawer but no one has asked her to wear the compression sock or applied it for her. On 2/18/25 at 5:15 p.m., the DON found a package of compression stocking in the drawer of the resident's bedside table. Review of the MAR for February 2025 revealed each day on 2/6/25 through 2/11/25 and 2/13/25 through 2/18/25 the licensed nurses signed the MAR verifying the compression sock was applied to the resident's right leg and removed in the evening. On 2/18/25 at 5:20 p.m., in an interview, Licensed Practical Nurse (LPN) Staff J verified she signed on the MAR the compression sock was applied to the resident's right leg on 2/6/25, 2/8/25, 2/9/25, 2/10/25, 2/11/25, 2/13/25, 2/14/25, and 2/18/25. LPN Staff J said she never applied the compression sock to Resident #123's right leg and did not verify the compression sock was applied before signing the TAR.