STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105634	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulfside Health and Rehabilitation Center	1100 N Pine St Clearwater, FL 33756

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and medical record review, the facility failedto provide one resident (#39) with meals free from ingredients the resident wasallergic to during one of six meals observed. Findings included:On 6/10/2026 at 12:00 p.m. Resident #39 received her lunch meal tray while in her room. She received her lunch meal in a plastic (Styrofoam) container. Resident #39 lifted the lid and the contents included a regular textured alternate meal with chicken, rice, sweet peas and a small dinner roll. Resident #39 stated she did not order the alternate meal and she believed it is expected the kitchen will serve the primary meal unless requested otherwise. Resident #39 stated, It seems the kitchen just cannot get it right with my food, and I did not even get a tray with food at lunch yesterday (6/9/2026). Resident #39 stated she would have eaten the meatloaf, peas and carrots and mashed potatoes that was the primary meal for lunch. Review of Resident #39's meal ticket showed her receiving chicken, rice, peas, roll, which was the alternate meal for lunch service. Resident #39 felt the kitchen was getting things wrong with her meal almost every day to include not getting a meal, receiving items that she is allergic to, and not receiving any condiments for various items. Resident #39 was observed speaking to Licensed Practical Nurse (LPN) Staff A at 12:15 p.m. and told her that she did not want what was served to her and that the kitchen staff will not answer the phone so she can choose the primary meal, in which she should have received in the first place. As of 12:39 p.m. Resident #39 still has not been provided with her primary lunch meal of choice. At 1:53 p.m. it was observed Resident #39 was provided with another meal tray and it included regular texture Meatloaf slices, mashed potatoes, peas and carrots and a dinner roll. Resident #39 completed her meal and consumed 100% of the meatloaf and about 75% of the other food items. Resident #39 stated she did not understand why she was given an alternate meal, and why it took so long to get her meal of choice, which was the primary meal option. On 6/11/2026 at 10:40 a.m. the Regional Nurse Consultant provided for review the meal tickets for Resident #39 from the 6/10/2026 lunch meal service. The tickets revealed;First meal served which was the alternate meal; a. Regular diet, b. no eggs specified, c. Double portions, d. Thyme Chicken Breast, e. Buttered rice, f. Roasted Zucchini, g. Poppy seed diner roll. The meal ticket also revealed Allergies: Egg allergy. The meal ticket indicated this meal was served to the resident. Second meal served which was the then the primary meal (but noted as alternate); Meal choice - Meat loaf. There was no other information on this ticket to include allergies, etc. Review of Resident #39's medical record revealed she was admitted to the facility on [DATE] and readmitted from the hospital on 4/16/2026.Review of the current Minimum Data Set (MDS) admission assessment dated [DATE] revealed; (Cognition/Brief Interview Mental Status or BIMS score - 15 of 15, which revealed resident would have been able to speak related to her medical care and services); (Nutrition - Not on therapeutic diet, not on mechanically altered diet).Review of the current 6/2026 month Physician's Order Sheet revealed orders to include but not limited to:-Epi pen 2 pack injection solution auto injector 1 unit IV x 4 hrs PRN for allergic reaction (order date 4/27/2026).-Check all resident's trays before Lunch and Dinner before delivery to resident - every shift for food delivery make sure food and ticket are the same and document. (order date (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105634	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulfside Health and Rehabilitation Center	1100 N Pine St Clearwater, FL 33756

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/4/2026).-Diet order - NAS diet, regular texture, thin liquid.A review of Resident #39's care plans with a next review date 7/15/2026, revealed the following focus areas:Focus: Is at risk for complications associated with the following allergies: 1. Latex, 2. Eggs, 3. Vancomycin. Interventions to include: Administer medications as ordered, Check any food allergies when offering meals or snacks to Resident #39, Check for allergies whenever a new medication is ordered, Check MEAL TICKET AGAINST WHAT IS ON RESIDENT #39's MEAL TRAY AT EVREY MEAL. If resident requests eggs or egg products, fill out a dietary slip, write exactly what she is requesting and have her initial the meal ticket and give it to dietary staff, Ensure that prior to delivering scheduled meal tray to resident that the meal ticket matches what is on her meal tray. If it does not match, send it back to the kitchen so a correct meal tray can be delivered, Ensure that when preparing meal trays for resident, that the meal ticket matches what is on her meal tray prior to sending tray to her nursing unit for delivery, CHECK MEAL TICKET AGAINST WHAT IS ON RESIDENT'S MEAL TRAY AT EVERY MEAL. On 6/11/2026 at 9:30 a.m. the Dietary Manager was interviewed. The Dietary Manager revealed upon admission the dietary staff will meet with the resident(s) as soon as possible and go over dietary needs, as well as dietary choices. The Dietary Manager explained they go over food allergies during that timeframe as well. The Dietary Manager explained once the resident has been assessed for dietary needs/choices, that information is documented into their electronic record system and each day the meal tickets for all three meals are printed out and identifies food allergies, food likes and dislikes. The Dietary Manager explained the meal tickets are printed out and given to either dietary aide and or herself and the tickets are brought to the food service stations, and both the aide and the cook will review the ticket prior to plating. The Dietary Manager stated she as a manager evaluates and visually audits the meal service to ensure the meal tickets are followed. The Dietary Manager stated at that point the Certified Nursing Assistants (CNAs) and floor nurses, as well as the nurse supervisors will review the meal tickets for accuracy prior to the CNAs serving the meal tray to the residents. The Dietary Manager stated she has only been the manager at the facility for a couple of months and since her employ, she has not identified, nor heard of any residents being served food items that they were allergic to. The Dietary Manager stated on 6/10/2026 during the lunch meal service, Resident #39 was automatically served the alternate meal due to the planned meal having eggs, which the resident was allergic to, mixed into the meatloaf. The Dietary Manager confirmed she, nor any other staff had mentioned to Resident #39 prior to meal service the primary meal had egg product mixed in. The Dietary Manager confirmed Resident #39 should have been made aware, rather than just providing an alternate meal.The Dietary Manager provided the lunch meal service menu with recipe and ingredients for the 6/10/2026 lunch meal. The recipe revealed; Meatloaf, Homestyle with Ketchup Glaze - Corporate Recipe number 7277. Ingredients included; Ground beef, Bread crumbs, 2% milk, Salt, Various spices, EGG, LIQUID, WHOLE, PASTEURIZED, WITH CITRIC ACID, Onion, Bell Peppers, Ketchup. The procedure section revealed to combine all ingredients except ketchup, until mix is blended. An interview with Resident #39 on 6/11/2026 at 10:00 a.m. revealed she ate all the meatloaf that was on her tray the day before on 6/10/2026. She stated she was not aware the meatloaf was made with eggs and if she knew she would not have eaten the meatloaf. Resident #39 stated nobody told her on 6/10/2026 she received an alternate meal initially due to meatloaf having eggs in it, nor was she given any type of indication from staff when she was provided with the the primary meal, the meatloaf did have egg product in it. On 6/11/2026 at 10:20 a.m. a follow up interview with the Dietary Manager confirmed they accidentally let the meal tray go to the resident with meatloaf. The Dietary Manager stated on 6/10/2026 the kitchen caught on the meal ticket the resident was allergic to eggs and therefore, that was the reason they provided her with the alternate meal. The Dietary Manager stated they did not speak to the resident about it, they just provided the alternate meal to her. The Dietary Manager again confirmed they accidentally provided the meatloaf to her later in the meal service and did not speak to Resident #39 to indicate the meatloaf had egg product in it. On 6/11/2026 at 11:00 a.m. an interview with the Director of Nursing (DON), and the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105634	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gulfside Health and Rehabilitation Center	1100 N Pine St Clearwater, FL 33756

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing Home Administrator (NHA) was conducted. The NHA and DON could not explain why Resident #39 received a lunch meal tray with the alternate meal rather than the primary meal on 6/10/2026. The DON and NHA both found out Resident #39 was served a lunch tray with meatloaf slices that were made with egg product and stated this was unacceptable, but could not say how and why this happened. An interview with the NHA and DON both stated they did not have a specific food allergy policy and procedure, and it would be the expectation to follow the physician's order, as well as follow the care plan.