

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Meadows Center for Nursing and Healing, The		STREET ADDRESS, CITY, STATE, ZIP CODE 5157 Park Club Drive Sarasota, FL 34235	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44824</p> <p>Based on observation, record review, facility policy and procedure review, and staff interviews, the facility failed to ensure the comprehensive assessment accurately reflected the status for 2 (Resident #78 and Resident #105) of 32 residents reviewed for accuracy of assessments.</p> <p>The Findings Included:</p> <p>The Resident Assessment - RAI Policy provided by the facility with an October 2024 Revised date stated, This facility makes a comprehensive assessment of each resident's needs, strengths, goals, life history and preferences using the resident assessment instrument (RAI) specified by CMS . The current version of the RAI (MDS 3.0) will be utilized when conducting a comprehensive assessment of each resident in accordance with the instructions found in the RAI Manual . The assessment process will include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts .</p> <p>On 9/30/24 at 1:15 p.m., Resident #78 was observed dressed and lying in bed. She was smiling and kept repeating I love you and you are beautiful. Resident #78 did not answer any interview questions. She was picking at her upper teeth with a plastic drinking straw. All visible top teeth were observed jagged and decayed to the gum line.</p> <p>Clinical record review revealed Resident #78 was admitted to the facility on [DATE]. Diagnoses included Dementia.</p> <p>The Nursing Comprehensive assessment dated [DATE] noted Resident #78 had her own/natural teeth. No dental concern were noted on the assessment.</p> <p>The Admission Minimum Data Set (MDS) assessment with a target date of 3/27/23 noted Resident #78 was rarely/never understood. Her cognition was severely impaired. She never/rarely made decisions. The assessment noted Resident #78 had no obvious or likely cavity or broken natural teeth, no inflamed or bleeding gums or loose natural teeth.</p> <p>The care plan initiated on 4/12/23, revised on 6/11/24, and 7/6/24 noted the resident was at risk for having oral discomfort and/or intolerance to current diet texture due to obvious dental caries/broken teeth related to poor oral hygiene.</p> <p>The goal was for Resident #78 to be free of infection, pain or bleeding in the oral cavity.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The interventions as of 4/12/23 included:</p> <p>Monitor/document/report as needed any signs and symptoms of oral/dental problems needing attention, pain (gums, toothache, palate), abscess, debris in mouth, teeth missing, loose, broken, eroded, decayed, ulcers in mouth, lesions.</p> <p>Coordinate arrangements for dental care, transportation as needed/ordered.</p> <p>On 8/25/2023 a Social Service progress note documented the Social Services department had reached out to (specific office), the dental company to get Resident #78 signed up to receive dental services.</p> <p>No other documentation related to dental status and services was noted in Resident #78's clinical record.</p> <p>The Annual MDS Assessment with a target date of 3/25/24 noted No was checked off, indicating Resident #78 had no obvious or likely cavity or broken natural teeth.</p> <p>On 10/2/24 at 2:45 p.m. in an interview the Director of Nursing (DON) said she reviewed Resident #78's clinical record and verified the MDS assessments did not accurately reflect the resident's dental status. She also verified the lack of documentation the facility coordinated arrangements for dental care to address the resident's dental issues.</p> <p>On 10/2/24 at 3:00 p.m., in an interview the MDS Coordinator verified she completed the section addressing the oral/dental status of Resident #78's on the Annual MDS assessment dated [DATE]. She verified No was checked off indicating Resident #78 had no obvious or likely cavity or broken natural teeth. The MDS coordinator said she completed the MDS assessment based on the information entered on the Nursing Comprehensive assessment which noted the resident did not have any dental issues. She said she did not see the care plan related to Resident #78's dental issues initiated on 4/12/23.</p> <p>On 10/3/24 at 11:00 a.m., in an interview with the DON said she observed Resident #78's teeth and they were in bad shape.</p> <p>On 10/3/24 at 11:20 a.m., in an interview the MDS Coordinator said the Resident Assessment Instrument manual did not require the person completing the assessment to lay eyes on the resident to complete the assessment. The MDS coordinator said she looked at Resident #78's mouth and will not make that mistake again.</p> <p>On 10/3/24 at 11:55 a.m., in an interview the Administrator said, The dental issues should have been identified and addressed upon admission.</p> <p>41905</p> <p>Review of the clinical record for Resident #105 revealed an admitted [DATE].</p> <p>The care plan initiated 11/28/22 revealed Resident #105 was at risk for developing pressure ulcers.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Braden Scale for Predicting Pressure Sore Risk dated 5/12/23 revealed a score of 15, at risk for developing pressure sores.</p> <p>Review of the Quarterly Minimum Data Set (MDS) Assessment with a target date of 7/28/23 noted Resident #105's cognition was severely impaired. Resident #105 was incontinent of urine and feces, was wheelchair bound and totally dependent on staff for turning and repositioning. The MDS noted Resident #105 was not at risk of developing pressure ulcers.</p> <p>Review of the change in skin condition form dated 9/11/23 revealed Resident #105 developed a pressure ulcer.</p> <p>The care plan initiated on 9/26/23 noted Resident #105 had a deep tissue injury (Pressure injury with intact skin) to the left heel.</p> <p>Review of the Treatment Administration Records (TAR) for September and October 2023 revealed ongoing treatment for the deep tissue injury to the left heel from 9/12/23 through 10/7/23.</p> <p>The left heel deep tissue injury was not documented on the Discharge Return Anticipated MDS assessment dated [DATE].</p> <p>On 10/2/24 at 10:26 a.m., the MDS coordinator verified the Discharge MDS dated [DATE] was inaccurate and did not document the deep tissue injury.</p> <p>On 10/3/24 at 9:38 a.m., in an interview the MDS coordinator said the Quarterly MDS assessment dated [DATE] should have noted Resident #105 was at risk for developing pressure ulcers.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30599</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to update the care plan and implement physician ordered interventions to prevent the development of pressure ulcers for 1 (Resident #42) of 2 residents reviewed with limited mobility.</p> <p>The findings included:</p> <p>Review of the clinical record revealed Resident #42 was admitted to the facility on [DATE].</p> <p>Diagnoses included difficulty walking, muscle weakness, reduced mobility and compression fracture of the vertebra.</p> <p>The Admission Minimum Data Set (MDS) Assessment with a target date of 4/25/24 noted Resident #42 was dependent (Helper does all of the effort, Resident does none of the effort) to roll left and right, sit to lying, and lying to sitting on the side of the bed. Resident #42 had no pressure ulcer but was at risk of developing pressure ulcers.</p> <p>The Quarterly MDS assessment with a target date of 7/26/24 noted Resident #42's cognition was intact with a Brief Interview for Mental Status score of 14.</p> <p>Review of the physician's orders revealed an order dated 9/10/24 to apply bilateral offloading boots (relieve pressure from specific areas of the foot or ankle) as tolerated on every shift while in bed.</p> <p>On 9/30/24 at 9:45 a.m., and on 9/30/24 at 1:30 p.m., Resident #42 was observed in bed and appeared to be sleeping. Resident #42 was not wearing the offloading boots as ordered. Offloading boots were not observed in the resident's room.</p> <p>On 10/01/24 at 10:38 a.m., Resident #42 was observed in bed, sleeping. Resident #42 was not wearing the offloading boots as ordered. Offloading boots were not observed in the resident's room.</p> <p>On 10/01/24 at 1:40 p.m., Resident #42 was observed in bed, awake. She was not wearing the offloading boots as ordered.</p> <p>On 10/02/24 at 8:40 a.m., Resident #42 was observed in bed, awake. She was not wearing the offloading boots as ordered.</p> <p>In an interview Resident #42 said she did not know she was supposed to wear offloading boots to her feet and did not know where the boots would be.</p> <p>Review of the care plan initiated and revised on 4/20/24 noted Resident #42 has potential for pressure ulcer development related to immobility. The goal was for the resident to have intact skin, free of redness, blisters or discoloration. The interventions included to administer treatments as ordered and monitor for effectiveness.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The care plan was not updated to include the physician's order of 9/10/24 to apply the offloading boots as tolerated every shift while in bed.</p> <p>The Certified Nursing Assistant (CNA) Kardex (Provides instructions for care) did not include to apply the offloading boots as tolerated every shift while in bed.</p> <p>On 10/3/24 at 8:30 a.m., in an interview CNA Staff C said she was assigned to provide care to Resident #42 on 10/2/24, and 10/3/24 but was not aware Resident #42 had an order for offloading boots while in bed. CNA Staff C reviewed the information in the Kardex and verified the Kardex did not include the application of offloading boots for Resident #42.</p> <p>On 10/3/24 at 8:55 a.m., in an interview the MDS Coordinator said MDS staff were responsible to update the care plan and CNA Kardex with new orders. She verified the Care plan and Kardex were not updated to reflect the physician's order dated 9/10/24 for the offloading boots.</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>41155</p> <p>Based on observation, review of the clinical record, review of facility policy and resident and staff interviews, the facility failed to provide the necessary care and services to maintain personal hygiene for 1 (Resident #11) of 5 residents reviewed for activities of daily living (ADL's).</p> <p>The findings included:</p> <p>The facility policy Activities of Daily Living (revised 1/24) documented The facility will, based on the resident's comprehensive assessment and consistent with the resident's abilities in ADL's do not deteriorate unless deterioration in unavoidable. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Review of the clinical record revealed Resident #11's diagnoses included major depressive disorder, type 2 diabetes mellitus, dementia, and mood disorder.</p> <p>The care plan initiated 6/7/21 documented Resident #11 had an ADL selfcare performance deficit as evidenced by need for assist with self-care. The interventions instructed The resident requires assist x 1 staff with bathing. The resident requires assist x 1 staff to dress. The resident requires assist x 1 (assistance of 1) staff with personal hygiene and oral care.</p> <p>Further review of the care plan specified the resident was resistive to hygiene care related to anxiety. The goal specified the resident will cooperate with care through next review date and instructed staff to :</p> <p>Allow the resident to make decisions about treatment regime, to provide sense of control.</p> <p>Educate resident/family/caregivers of the possible outcome(s) of not complying with treatment or care.</p> <p>Give clear explanation of all care activities prior to an as they occur during each contact.</p> <p>On 9/30/24 at 2:20 p.m., Resident #11 was observed in her room in bed. The room had a strong, pungent and foul odor. Resident #11 was noted to have a strong and unpleasant body odor. Her fingernails were long extending approximately half an inch past the fingertip, with the right fifth fingernail extending over one inch past the fingertip. A brown substance was observed under the residents' nails. Resident #11 had facial hair extending approximately one inch. Resident #11 said, I need a shave. Resident #11 said staff sometimes clean her nails but no one cuts her nails.</p> <p>Observation of the resident's feet showed a thick, yellow buildup on the heels and between the toes.</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>On 10/1/24 at 9:46 a.m., Resident #11 was observed in bed wearing the same shirt as the previous day. She had a strong body odor, was disheveled and unkempt. In an interview Resident #11 said, I need someone to cut my nails, this little finger is really long. She still had the facial hair to her chin. Her pillow was ripped with the stuffing coming out.</p> <p>Review of the Certified Nursing Assistant (CNA) documentation showed the resident received assistance with person hygiene daily on the 7:00 a.m., to 3:00 p.m., and 3:00 p.m. to 11:00 p.m., shifts.</p> <p>On 10/1/24 at 2:38 p.m., in a interview CNA Staff C said Resident #11 did not like to come out of bed, was incontinent, refused care but had not refused care for her in a while now.</p> <p>CNA Staff C said the CNAs shower and shave residents. She said, I don't know who does the nail care.</p> <p>On 10/1/24 at 3:18 p.m., in a joint observation, CNA Staff C looked at the resident's fingernails and said, Wow, they are really long. Resident #11 said she wanted her nails cut. CNA Staff C said, I can cut them for you.</p> <p>The resident told CNA Staff C she asks other staff to cut her nails all the time, but they don't cut them.</p> <p>On 10/2/24 at 10:29 a.m., in an interview Registered Nurse Staff D said the expectation was for nails and shaving to be done every day, including women but was not always realistic.</p> <p>On 10/3/24 at 9:40 a.m., in an interview CNA Staff A said nail care and shaving are done daily or with showers. Staff A said if she had a resident who continued to refuse care after she had tried, she would report it to the nurse.</p> <p>On 10/3/24 at 9:56 a.m., Resident #11 was observed in her bed, her nails had been trimmed and she had a new pillow. The resident's feet remained with a dry, yellow thick buildup between her toes and covering the bottom of both feet.</p> <p>On 10/3/24 at 11:06 a.m., in an interview the Director of Nursing (DON) said she was not aware of the concerns with Resident #11's fingernails, torn pillow, lack of hygiene and the condition of the resident's feet.</p> <p>On 10/3/24 at 12:10 p.m., in an interview Unit Manager Licensed Practical Nurse staff E, said she was informed of the concerns with Resident #11's hygiene and said the resident had a care plan for refusal of care. Staff E said she never saw the resident's facial hair, long fingernails with brown substance underneath the nails, tattered pillow, and resident #11 wearing the same shirt on 9/30/24 and 10/1/24. Staff E repeated the resident had a care plan in place for refusal of care. Staff E said Resident #11 changed her shirt daily.</p> <p>Review of the clinical record showed no documentation Resident #11 had refused personal hygiene or care.</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44824</p> <p>Based on observation, record review, review of facility's policy and procedure and staff interviews the facility failed to provide or obtain dental services to meet the needs of 1 (Resident #78) of 1 resident observed with multiple broken, carious teeth.</p> <p>The findings included:</p> <p>The facility's policy for Dental Services reviewed/revised January 2024 noted it was the policy of this facility to assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care.</p> <p>Routine dental services means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs) . smoothing of broken teeth . The dental needs of each resident are identified through the physical assessment and MDS (Minimum Data Set) assessment process and are addressed in each resident's plan of care.</p> <p>Oral/dental status shall be documented according to assessment findings. Referrals to . dental provider shall be made as appropriate. The facility will if necessary or requested, assist the resident with making dental appointments and arranging transportation to and from the dental services location . All actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record.</p> <p>On 9/30/24 at 1:15 p.m., Resident #78 was observed dressed and lying in bed. She was smiling and kept repeating I love you and you are beautiful. Resident #78 did not answer any interview questions. She was picking at her upper teeth with a plastic drinking straw. All visible top teeth were observed jagged and decayed to the gum line.</p> <p>Clinical record review revealed Resident #78 was admitted to the facility on [DATE]. Diagnoses included Dementia.</p> <p>The Nursing Comprehensive assessment dated [DATE] noted Resident #78 had her own/natural teeth. No dental concern were noted on the assessment.</p> <p>The Admission Minimum Data Set (MDS) assessment with a target date of 3/27/23 noted Resident #78 was rarely/never understood. Her cognition was severely impaired. She never/rarely made decisions. The assessment noted Resident #78 had no obvious or likely cavity or broken natural teeth, no inflamed or bleeding gums or loose natural teeth.</p> <p>The care plan initiated on 4/12/23, revised on 6/11/24, and 7/6/24 noted the resident was at risk for having oral discomfort and/or intolerance to current diet texture due to obvious dental caries/broken teeth related to poor oral hygiene.</p> <p>The goal was for Resident #78 to be free of infection, pain or bleeding in the oral cavity.</p> <p>(continued on next page)</p>		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The interventions as of 4/12/23 included:</p> <p>Monitor/document/report as needed any signs and symptoms of oral/dental problems needing attention, pain (gums, toothache, palate), abscess, debris in mouth, teeth missing, loose, broken, eroded, decayed, ulcers in mouth, lesions.</p> <p>Coordinate arrangements for dental care, transportation as needed/ordered.</p> <p>On 8/25/2023 a Social Service progress note documented the Social Services department had reached out to (specific dental office), the dental company to get Resident #78 signed up to receive dental services.</p> <p>No other documentation related to dental status and services was noted in Resident #78's clinical record.</p> <p>On 10/2/24 at 2:45 p.m. in an interview the Director of Nursing (DON) said she reviewed Resident #78's clinical record and verified the lack of documentation the facility coordinated arrangements for dental care to address the resident's dental issues.</p> <p>On 10/3/24 at 11:00 a.m., in an interview with the DON said she observed Resident #78's teeth and they were in bad shape.</p> <p>On 10/3/24 at 11:55 a.m., in an interview the Administrator said, The dental issues should have been identified and addressed upon admission.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41155</p> <p>Based on observation, review of facility policy, resident and staff interviews the facility failed to make timely necessary repairs to maintain a safe, functional environment for residents, staff and the public.</p> <p>The findings included:</p> <p>Review of the facility Quality Assurance and Improvement Plan specified, We provide a comprehensive maintenance program that maintains building safety, conducts repairs when needed and performs safety inspections in accordance with State and Federal regulations to ensure the safety and well-being of all residents, visitors and staff.</p> <p>On 10/1/24 at 11:10 a.m., in a telephone interview Resident #103's family member said the facility is located down a dark road near the woods. The family member said the parking lot was dark at night, it was creepy and I didn't feel safe going to my car at night.</p> <p>On 10/2/24 at 8:26 a.m., in an interview the Administrator said several lights were out in the parking area and facility grounds. He said the lightbulbs were scheduled to be replaced last week but it was canceled due to the pending hurricane. The Administrator said they needed to order a lift crane to replace the burnt-out bulbs.</p> <p>The Administrator provided copies of the order forms for the lights dated 9/5/24. He said the lightbulbs replacement were scheduled for the next week.</p> <p>On 10/2/24 at 10:29 a.m., in an interview Registered Nurse Staff D said the parking lot was dark at night and could use more lighting.</p> <p>On 10/2/24 at 10:23 a.m., Licensed Practical Nurse Staff B said the parking lot was dark at night and could use more lighting. Staff B said some of the parking lot lights have been out for a while. Staff B said, I don't know how long they have been out, but it's been like that for a while.</p> <p>On 10/3/24 at 8:40 a.m., the Maintenance Director said two lights in the parking lot had been out for a month or so and were scheduled to be repaired on 10/10/24.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>41155</p> <p>Based on observation, review of facility policy and resident and staff interviews, the facility failed to maintain an effective pest control program to eradicate and contain common household pests.</p> <p>The findings included:</p> <p>The facility's Pest Control Program policy revised 8/24 documented It is the policy of the facility to maintain an effective pest control program that eradicates and contains common household pests and rodents.</p> <p>On 9/30/24 at 10:43 a.m., in an interview Resident #45 said she had seen bugs, black and medium sized crawling on the walls at night. The resident said, The man comes in and sprays, but it does not do the job. I have told the nurses several times. He sprays on the floor, but the bugs climb the walls, so it does not stop them.</p> <p>On 9/30/24 at 11:00 a.m., in the back hall of the lobby a medium brown bug was observed on it's back.</p> <p>Photographic evidence obtained.</p> <p>On 10/1/24 at 10:24 a.m., in an interview Resident #63 said she had seen large bugs in her room. She said, They come in from under the air-conditioning unit over there. They climb on the walls and the floor. They spray but that doesn't stop them. Sometimes they are the little brown ones walking around.</p> <p>On 10/1/24 at 3:41 p.m., in an interview Resident #90 said he has seen bugs in his room on the floors, on the walls and in his belongings. He said, It was really bad for a month or so, but it has gotten better. It is Florida, what can you do? I tell the nurse, the guy comes and sprays. When they spray it is good for a couple of days, but they come right back. They come in from under the air-conditioner, and the outside doors, they just walk right in.</p> <p>On 10/2/24 at 10:00 a.m., in an interview the Maintenance Director said he has been at facility one year. He said, There are pest logs at each nursing station. The company comes every Wednesday in the early morning, and he fumigates the outside of the building first, then he goes to the kitchen to spray before they begin cooking. He checks the logs on each unit and then does where it is reported and sprays the resident rooms.</p> <p>On 10/2/24 at 11:53 a.m., and 4:00 p.m., two dead brown insects were observed on their back in the hallway next to the conference room.</p> <p>Photographic evidence obtained.</p> <p>On 10/2/24 at 4:01 p.m., a large dead brown insect was observed on the floor of the 500 hallway.</p> <p>Photographic evidence obtained.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105702	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Meadows Center for Nursing and Healing, The		STREET ADDRESS, CITY, STATE, ZIP CODE 5157 Park Club Drive Sarasota, FL 34235	

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10//24 at 3:31 p.m., a review of the pest sighting log located at the [NAME] Wing Nurses Station showed documentation of bugs in resident rooms, offices and common areas:</p> <p>On 6/13/24, 6/23/24, 6/27/24 and 6/30/24. On 6/28/24 there were five entries documenting bugs in residents' rooms and the nutrition room.</p> <p>On 7/30/24 there were five documented concerns of bugs in the nourishment room, storage room and resident' rooms.</p> <p>On 7/31/24 the entry for a resident's room documented at 2:20 a.m., bugs all over the room.</p> <p>On 8/6/24 and 8/28/24 documented bugs in resident' rooms.</p> <p>On 9/11/24, 9/17/24, 9/18/24, 9/21/24, 9/25/24, 9/27/24, and 9/30/24 documented bugs in resident' rooms.</p> <p>On 9/24/24 two entries documented bugs in all rooms on the 400 hall and the nourishment room.</p> <p>On 9/30/24 the log documented bugs in the classroom.</p> <p>On 10/2/24 the log documented bugs in all rooms on the 500 hall and in the nourishment room.</p> <p>Review of the Pest Log for the East Wing documented:</p> <p>On 4/8/24 and 4/25/24 documented large bugs running around in rooms.</p> <p>On 4/25/24 documented three bugs in residents room.</p> <p>On 4/26/24 documented bugs near bathroom, doors and bed.</p> <p>On 5/28/24 bugs in bathroom and on walls in residents' room.</p> <p>On 5/29/24 large bugs in resident dresser and in closet.</p> <p>Bugs were noted on 6/2/24, 6/15/24, 6/16/24, 6/25/24, 6/30/24, 7/24/24, 7/28/24, 8/30/34 and 9/4/24.</p> <p>On 10/2/24 at 10:23 a.m., in an interview Licensed Practical Nurse Staff B said the problem with the roaches is getting better but the residents drop food, they have food in the rooms, and some get food in their wheelchair. The facility is surrounded by trees and woods, and I think that is where they come from. I do see them, and I put it in the pest binder.</p> <p>Review of the Pest Control Summary of Service Recommendations dated 8/21/24, 9/11/24, 9/20/24, 9/25/24 and 10/2/24 revealed No activity and documented the following repairs required to prevent pest entry:</p> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>All of hall 500 rooms baseboard on the bottom of air-conditioner on both sides need to be sealed to prevent pest entry. Trim trees/vegetation touching the building to prevent any pest entry to structure. Common areas all doors gap/damage noted that allows pest access. Please repair to prevent pests. Kitchen cracks or damage to floors allowing pest access. Cracks or damage to drains allowing pest access.</p> <p>On 10/3/24 at 8:33 a.m., in an interview the Maintenance Director said he was not aware the pest control service was documenting no activity noted when visiting the facility. He said the dead bugs observed on the floor were a good thing but confirmed they should have been removed. The Maintenance Director said he was aware of the repairs listed on the pest control reports every month to prevent pests from accessing the facility. He said, We have been working on the repairs, I had a hole in the wall repaired on the 500 hall. He confirmed he had not made the necessary repairs to the access doors, air-conditioning units or in the kitchen as recommended to prevent pests from entering the facility and said, We are working on them.</p>