

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	

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 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 on observation, review of the clinical record, review of facility policy and procedure, and resident, family and staff interviews, the facility failed to provide the necessary care and services to maintain personal hygiene for 1(Resident #999) of 3 residents reviewed for activities of daily living. The findings included: Review of the facility policy Activities of Daily Living (ADLs) implemented 3/1/22 (revised 6/1/25) documented, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain grooming, and personal and oral hygiene. Review of the clinical record revealed Resident #999 had an admission date of 1/25/23 with a re-admission date of 8/22/25. Diagnoses included displaced intertrochanteric fracture of right femur on 8/22/25, type 2 diabetes mellitus, dementia, anxiety, and fracture of right femur 2/8/23. Review of the End of Part A stay Minimum Data Set (MDS) (standardized assessment tool that measures health status in nursing home residents) with an assessment reference date of 10/24/25 documented Resident #999 required partial to moderate assistance with oral hygiene, and substantial to maximum assistance with showers/bathing. The MDS noted the resident scored 12 on the Brief Interview for Mental Status, indicating the resident's cognitive skills for daily decision making were moderately impaired. Review of the plan of care revealed Resident #999 had an ADL self-care performance deficit and required assistance of one staff. The interventions included for staff to provide set up, one assist with extensive assistance for personal hygiene and oral care. On 12/8/25 at 9:00 a.m., Resident #999 was observed in bed in his room. The room had a very strong, foul odor of urine. The resident was noted to be unkempt, unshaven with a long scraggly beard and mustache. The bed sheets were soiled with a brown substance. His hair was matted, greasy and uncombed and extended past his ears. On 12/8/25 at 11:00 a.m., in an interview Resident #999 said he has not been shaved or had a hair cut in a very long time. He said he would like to be shaved. Resident #999's teeth had black spots and a thick, white coating. His mouth was dry with foul breath. Review of the clinical record revealed Resident #999's admission photo of a clean-shaven male with no beard or mustache and neatly trimmed hair. Review of the Certified Nursing Assistants (CNA) documentation for October 2025, and November 2025 revealed the resident's scheduled shower days were Mondays and Thursdays on the 7:00 a.m., to 3:00 p.m., shift. There was no documentation Resident #999 received his scheduled showers on 10/2/25, 10/9/25, 10/23/25, 11/3/25, 11/6/25, and 11/10/25. On 12/9/25 at 1:45 p.m., in an interview the [NAME] President of Operations said Resident #999 was shaved last evening and just received a haircut. The [NAME] President of Operations said the facility's policy was for staff to shave men two to three times a week or at their preference. On 12/9/25 at 2:40 p.m., in an interview CNA Staff G said men are shaved when they have their shower or if they ask. The CNA said they brush the residents' teeth. If the residents can brush their own teeth, they get things ready and are there to help.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, record review, review of facility's policies and procedures and staff interviews, the facility failed to have documentation of fall investigations and failed to implement care planned interventions to reduce the risk of avoidable accidents for 1 (Resident #999) of 3 residents reviewed with multiple falls at the facility. The findings included: Review of the facility policy Fall Prevention Program implemented 3/1/22 (revised 1/1/25) revealed, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. High Risk Protocols: a. The resident may be placed on the facility's Fall Prevention Program. i. Indicate fall risk on care plan. Implement appropriate interventions. c. Provide interventions that address unique risk factors measured by the risk assessment tool. d. Provide additional interventions as directed by the resident's assessment, may include but not limited to: i. Assistive devices. ii. Increased frequency of rounds. iv. Low bed. 8. Interventions will be monitored for effectiveness. Review of the clinical record for Resident #999 revealed an admission date of 1/25/23. Diagnoses included Dementia, generalized anxiety disorder, difficulty in walking, abnormalities of gait and mobility, and fracture of the right femur. Review of the fall risk evaluations dated 5/25/25 and 8/17/25 noted Resident #999 was at high risk for falls. Review of the care plan initiated on 1/27/2023 revealed Resident #999 was very impulsive and will not use call light to ask for assistance with transfers and will attempt to self-transfer. Resident #999 would tell his family that he was feeding squirrels through the window in his bedroom and has also shown physical aggression towards staff. The goal was to monitor the resident daily for his behaviors. The care plan initiated on 5/13/25 noted Resident #999 displayed behaviors which include hitting during care, playing in feces, shouting, spitting, tearing things up, yelling out during care, refusing medications and care, and placing self on the floor. The goal was for the resident not to harm self or others daily. The care plan initiated on 1/31/23 and revised on 8/26/25 revealed Resident #999 was at high risk for falls related to gait/balance problems and medications that put him at risk. The care plan noted the resident would not use the call light to ask for assistance with ambulation around his room, to or from the bathroom with or without the use of an assistive device, due to impaired cognition. The goal for Resident #999 was to Minimize the risk of falls through next review date. The care plan noted Resident #999 sustained a fall on 5/12/25, 5/25/25, 7/19/25 and 8/17/25. The interventions included: Bed in lowest locked position. Date initiated: 1/31/23. Revision on 9/30/25. Dycem (non-slip mat) to wheelchair. Date initiated 5/22/23. Revision on 6/25/24. Offer toileting assistance prior to meals. Date initiated 5/25/25. Revision on 8/18/25. Perimeter mattress (mattress with raised borders to help guide the patient back toward the center of the mattress and away from dangerous position near the edge of the bed). Date initiated 4/24/23. Revision on 8/18/25. Review of the progress notes revealed on 5/26/25 at 12:19 a.m., Unwitnessed fall at 1600 [4:00 p.m.], without severe injury. Abrasions on bilateral legs. Patient was found in room on [sic] sitting in front of door. On 5/28/25, an interdisciplinary progress note documented the resident was reviewed related to fall. Resident is identified as a fall risk related to behavior of placing self on floor, aggression, and unstable gait. Resident is noncompliant with requesting assistance and requires frequent cueing. Resident will be offered toileting assistance prior to meals in an attempt to reduce risk of falls. The progress note did not include the root cause of the fall to determine toileting assistance before meals was an appropriate intervention to prevent further falls. On 7/19/25 at 10:08 p.m., a nursing progress note documented the Certified Nursing Assistant found Resident #999, with head and upper body on floor and feet still on bed. Resident alert with confusion cannot explain what happened. No visible hematoma (collection of blood outside of blood vessels), skin tear noted to R (right) leg behind the knee. EMS [Emergency Medical Services] called. The resident was taken to a local hospital via stretcher. On 7/21/25 a progress note documented the resident was reviewed by the Interdisciplinary Team related to safety. Resident had a fall from the bed on 7/19/25. Resident with diagnosis of confusion and unable to verbalize cause of fall. Interventions in place at time of fall include bed maintained in lowest position while occupied with fall recovery matt at bedside in an attempt to prevent injury in the event of a fall, resident is offered toileting assistance prior to meals, and nonskid footwear is provided. Intervention for this event is that when staff place resident to bed for HS (bedtime), and HS snack is offered and comfort needs ensured prior to leaving room. The progress note did not document that the perimeter mattress initiated on 4/24/23 was in place at the time of the fall. On 8/17/25 at 9:46 p.m., a nursing progress noted, Unwitnessed fall, the patient was found behind his room door seated. Vitals WNL (within normal limits), no injuries noted. Alert to self On 8/18/25 a progress note documented the resident was reviewed by the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide respiratory care as ordered for 1 (Resident #1) of 3 sampled residents. The findings included: Record review revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included acute respiratory failure with hypoxia (low oxygen blood level), and idiopathic pulmonary fibrosis (a serious lung condition). Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact. Review of the physician's orders revealed an order dated 11/22/25 to administer Oxygen at 2 Liters per minute via nasal cannula on concentrator continuously while in room every 24 hours as needed for O2 order. Review of the Medication Administration Record (MAR) for November 2025 failed to reveal documentation the physician's orders the Oxygen were implemented and that Resident #1 received the continuous oxygen at 2 Liters via nasal cannula from 11/22/25 through 11/24/25. Review of the nursing progress notes revealed on 11/24/25 at 7:23 p.m., Licensed Practical Nurse (LPN) Staff H documented Resident #1 did not receive medication because she was sedated. The Advanced Practice Registered Nurse (APRN) was notified about the resident's change in condition. A family member who had power of attorney requested the resident be sent to the emergency department for evaluation. The progress note did not specify if Resident #1 was receiving Oxygen as ordered at the time of the change in condition. On 12/8/25 at 3:35 p.m., in an interview, LPN Staff H said that on 11/24/25 Resident #1 was on her assignment. LPN Staff H said she got to work at 3:00 p.m. that day. When the resident's family arrived at the facility that afternoon around 5:00 p.m., they thought the resident was very lethargic and asked to have her sent out to the hospital. LPN Staff H said she notified the APRN of the change of condition and called 911. LPN Staff H said she was not in the room with the resident when Emergency Medical Services got there but thinks she was transferred to the hospital around 5:00 p.m. The family was with the resident at the time of the transfer. On 12/9/25 at 9:37a.m., in an interview, the Director of Nursing (DON) said Resident #1's son and daughter came to visit on 11/24/25. Resident #1's daughter wanted the resident sent to the hospital because she was lethargic. The DON said that Staff told him Resident #1, was the same as she was since she'd been here. Upon reviewing the clinical record, the DON said he could not find an admission assessment for Resident #1. He said Resident #1 scored 15 on the Brief Interview for Mental Status on 11/24/25, indicating intact cognition. On 11/24/25 in the morning, he spoke with the resident. She was able to answer questions appropriately. The DON verified there was a physician's order for Resident #1 dated 11/22/25 to administer Oxygen continuously at 2 liters via nasal cannula. He verified the lack of documentation the Oxygen was administered as ordered on 11/22/25, 11/23/25 and 11/24/25. He also verified the lack of a transfer out assessment and that no further investigation was documented related to Resident #1's change in condition and the family's request for transfer to the hospital.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	

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 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>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Harborview Sarasota		STREET ADDRESS, CITY, STATE, ZIP CODE 4783 Fruitville Road Sarasota, FL 34232	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observations, record review and interviews, the facility failed to maintain an effective pest control program to contain and eradicate common household pests. The findings included: Review of the facilities Pest Control Program policy (last revised on 3/1/2022) stated, it is the policy of this facility to maintain an effective pest control program that eradicated and contains common household pests and rodents. The policy further states effective pest control program is defined as measures to eradicate and contain common household pests (e.g., bed bugs, lice, roaches, ants, mosquitos, flies, mice and rats). Review of the facilities Resident Environmental Quality policy (last revised on 3/1/2025) states the facility shall maintain an effective pest control program so the facility is free from pests and rodents. On 12/8/25 at 9:04 a.m., in an interview Resident #2 said she has a problem with bugs. She said there were little cockroaches in the bathroom. She has let everyone know but they were still there. She said there are times she won't take a shower because of the cockroaches. She said they come up from the shower drain. She said when it rains they come in as well. She said, I get a couple of brown paper bags and take care of them by squishing them. On 12/8/25 at 9:14 a.m., in an interview Resident #3 said she has issues with cockroaches. She said she saw one a couple of days ago. On 12/8/25 at 9:18 a.m., in an interview Resident #4 said, I see the little roaches crawling around. She said when her family comes in to visit, they have to squish them in the bathroom. On 12/8/25 at 9:25 a.m., in an interview Resident #5 said there are cockroaches in the bathroom and they crawl on the walls. She said the cockroaches also come out of the air conditioning vent. She said she did not know when the last time someone sprayed for cockroaches. During the interview a small brown bug was observed crawling on the bathroom floor. Photographic evidence obtained. On 12/8/25 at 9:30 a.m., in an interview Resident #6 said she sees cockroaches around her room. She could not recall when she last saw one but said it was not long ago, they are around. On 12/8/25 at 9:34 a.m., in an interview Resident #7 said there are cockroaches in his room. He said, I feel them crawling on me at night. Observation of the resident's room and bathroom revealed 3 black bugs crawling in the bathroom above and below the resident's toilet. On 12/8/25 at 9:38 a.m., in an interview Resident #15 said he has a problem with ants. He said the ants come from the detached baseboard. He said the staff tape the baseboard, but it never stays. Observation of the resident's floor revealed the baseboard was detached from the wall and laying on the resident's floor. Photographic evidence obtained. On 12/8/25 at 9:49 a.m., in an interview Resident #8 said she saw a cockroach the day before in her room and another one a few days ago. She said, they are baby roaches. They are everywhere. She said she used to tell the staff but it didn't help so now she squishes them herself. On 12/8/25 at 9:43 a.m., in an interview Resident #9 said, I had a roach in my bed a month ago crawling on me. She said the nurse aide found the cockroach on her while changing her brief. She said when the nurse aid took the brief off, the roach came crawling out from inside her brief. On 12/9/25 at 11:12 a.m., a small brown bug was observed crawling in Resident #10's room. Photographic evidence obtained. On 12/8/25 at 1:04 p.m., in an interview Resident #13 said they have a problem with cockroaches. Resident #13 said when her family comes to visit, they have to open the drawers and kill all of the roaches. She said, It is embarrassing. During the interview a small brown bug was observed on the floor. Photographic evidence obtained. On 12/8/25 at 9:22 a.m., in an interview Licensed Practical Nurse (LPN) Staff C said, We have a problem with roaches. Staff C said if there is a pest sighting, it goes in the pest logbook. Staff C said, They are never going to fully fix the problem. On 12/8/25 at 9:22 a.m., in an interview LPN Staff D said, I see roaches around here but not today. Staff D said she lets maintenance know when she sees one. On 12/8/25 at 9:47 a.m., in an interview LPN Staff E said, I've seen big roaches around here. Staff E said when she sees one, she kills it, throws it away and then let maintenance know. On 12/8/25 at 12:08 p.m., review of the facility provided Pest Sighting Log showed on 12/1/25 Resident #16 reported roaches in dresser drawer. This sighting was not listed as treated. On 11/19/25, Resident #11 reported roaches around bed, bathroom and soap dispenser. The sighting was marked as treated by the pest control company. On 11/6/25, the activities department reported roaches, activity room cabinets. The sighting was marked as treated by the contracted pest control company. Review of the Resident Council Minutes reviewed for 11/12/25 revealed, Resident #11 talked about having roaches in her room and needing someone to come and take care of them. On 12/8/25 at 12:10 p.m., in an interview Resident #11 said she reported the roaches a month ago and there has been no change. Resident #11 said the roaches are in the bathroom, by her bed, they climb up and down the wall, behind the television and are behind the soap dispenser. Resident #11 said she just saw a cockroach last night go behind her television.</p>		