

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/07/2025  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |   |   |                      |   |
|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>105045</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>06/04/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADEN RIVER REHABILITATION CENTER LLC</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2010 MANATEE AVE E<br/>BRADENTON, FL 34208</b>                      |                      |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |   |
| F 000   | INITIAL COMMENTS<br><br>A complaint survey for complaint numbers 2025005920 and 2025006815 was conducted on at Braden River Rehabilitation center LLC. The facility was not in compliance with the Code for Federal Regulations (CFR), Part 483, Requirements for Long-Term Care Facilities.<br><br>Complaint number 2025005920 had deficiencies cited at F585.  | F 000   |   |                      |   |
| F 585<br>SS=D   | Grievances<br>CFR(s): 483.10(j)(1)-(4)<br><br>§483.10(j) Grievances.<br>§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.<br><br>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.<br><br>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.<br><br>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the | F 585   |   |                      |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

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.

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| F 585   | Continued From page 1<br>provider must give a copy of the grievance policy to the resident. The grievance policy must include:<br>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;<br>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;<br>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;<br>( ) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, , including injuries of unknown source, | F 585   |   |   |

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| F 585   | <p>Continued From page 2</p> <p>and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record review the facility failed to file a grievance for one resident (#1) out of three residents reviewed for grievances.</p> <p>Findings included:</p> <p>Review of Resident #1's "Admission Record" revealed he was admitted to the facility on _____ and discharged to another facility on _____</p> | F 585   | <p>1. On _____, a grievance was initiated by the Social Service assistant for resident #1 regarding the residents fiduciary DPOA concern regarding resident #1 being discharged to another center without their knowledge. A final resolution was delivered to the fiduciary DPOA on _____.</p> <p>2. By _____, an audit of current residents was completed by Social Service Manager to ensure any resident</p> |                      |   |

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| F 585   | <p>Continued From page 3</p> <p>A phone interview was conducted on _____ at 11:00 a.m. with Resident 1's Durable Power of Attorney (DPOA). Resident #1's DPOA said she was told Resident #1 was discharged to another facility and was transported there by a family member. Resident #1's DPOA said she went to the facility on _____ and complained to the Director of Nursing (DON) about Resident #1 being discharged and transferred without her approval as well as not being notified of the transfer. The DPOA said she was very upset with the matter and felt the facility should have spoken and communicated with her. The DPOA said nobody from the facility had communicated with her related to her complaint.</p> <p>Review of Resident #1's Durable Power of Attorney form dated _____ revealed Resident #1 appointed his DPOA as a financial DPOA.</p> <p>Review of the facility's _____ and _____ grievance logs did not reveal a grievance was filed on behalf of Resident #1's DPOA.</p> <p>An interview was conducted on _____ at 12:20 p.m. with the Director of Nursing (DON), Social Services Assistant, and the Nursing Home Administrator (NHA). The DON confirmed Resident #1 only had a financial DPOA. The DON confirmed Resident #1's DPOA came to the facility and was "upset" Resident #1 was no longer at the facility and the DPOA was not made aware of the discharge. The DON said she explained to Resident #1's DPOA she was only DPOA for financial decisions and the DON said the DPOA was not happy with that response therefore she noted the complaint and passed it</p> | F 585   | <p>with power of attorney is clarified on the sheet to ensure proper notification of any discharge plans. On _____ the Director of Nursing was re-educated by the NHA to ensure any concerns are brought to the interdisciplinary team as a grievance and a conclusion/resolution is brought to the person filing the grievance. By _____ staff were re-educated on the Grievance process by the Staff development coordinator.</p> <p>3. Random interviews of residents/family/visitors 3 times a week for 12 weeks to ensure all concerns are brought through the grievance process. Interviews to be conducted by social services.</p> <p>4. Interviews will be brought to the Quality Assurance and Assessment/ Quality Assurance Performance Improvement committee for a minimum of three months or until substantial compliance is achieved.</p> |   |

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| F 585   | <p>Continued From page 4</p> <p>along to the Social Service Director to follow up with the grievance process per the facility's policy. The Social Services Assistant said the Social Services Director was not available at the time of the survey and confirmed they did not have any documentation to show they addressed and communicated the complaint with Resident #1's DPOA. The Social Services Assistant said they did not investigate the complaint, they did not work to resolve the complaint, and they did not inform Resident #1's DPOA of the outcome of the complaint. The NHA said the facility's policy only indicates a "resident" and "anyone acting on their behalf" could make a complaint/grievance. The NHA said after their assessment, the "financial only" DPOA was not acting on Resident #1's behalf. The DON said anyone can make a complaint and the facility would need to investigate all of them. The NHA said they were following their policy by not following up with Resident #1's DPOA complaint as the DPOA was not acting medically on Resident #1's behalf. The DON and the Social Services Assistant confirmed Resident #1's financial DPOA had a valid complaint that should have been filed as a grievance and investigated but it was not.</p> <p>Review of the facility's policy, "Grievances" revised on _____ revealed, "Purpose: To support each resident's right to voice grievances and to ensure that after a grievance has been received, the center will actively work through to a conclusion while communicating progress to the resident and/or anyone working on their behalf in a timely manner. This policy shall be made available, upon request, for residents and/or anyone working on their behalf.<br/>Fundamental information - The Administrator is responsible for the conclusion of all grievances.</p> | F 585   |   |                      |   |

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| F 585   | <p>Continued From page 5</p> <p>The appointed Grievance Official (Social Services Director/Manager in FL [Florida]...) is responsible for overseeing the grievance process ... This process includes receiving and tracking grievances, leading investigations while maintaining the confidentiality of all information associated with grievances, reaching a conclusion, and taking appropriate actions. Any resident, or anyone acting on their behalf, may file a grievance with the center or to her agency or entity that hears grievances. They shall be able to do so without discrimination or reprisal or the fear of discrimination or reprisal in any form. A grievance may be filed anonymously. Grievances will be maintained for a period of no less than 3 years from the issuance of all grievance decision.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. When a resident, or anyone acting on their behalf, has a grievance, a staff member shall encourage and assist the resident, or person acting on the resident's behalf, to file a grievance with the center using the Grievance Report.</li> <li>2. Grievances may be submitted orally or in writing; they may be submitted anonymously. The resident, or anyone acting on their behalf submitting the grievance, should be encouraged to utilize the Grievance Report.</li> </ol> <p>When a grievance is submitted orally, the center employee accepting the grievance must document it on the Grievance Report.</p> <ol style="list-style-type: none"> <li>3. The Grievance Report is to be forwarded to the center's Grievance Official or designee upon receipt in a prompt manner ....</li> <li>4. Upon receipt of a Grievance Report, The Grievance Official or designee will refer it to the appropriate department of investigation ...</li> <li>5. The Grievance Official will document receipt of all grievances on the Grievance QAPI [Quality</li> </ol> | F 585   |   |                      |   |

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| F 585   | Continued From page 6<br>Assurance and Performance Improvement] program.<br>6. The Department will submit a completed Grievance Report of such findings to the Grievance Official in a prompt manner.<br>7. The Grievance Official will review the conclusion with the person investigating the grievance to determine what corrective actions need to be taken.<br>8. The resident, or anyone acting on their behalf filing the grievance, will be communicated with regarding the conclusion of the investigation and the corrective actions that will be taken. The resident for anyone acting on their behalf has the right to obtain a copy of the written conclusion. The Administrator, or designee, will validate the completion of the process in a timely manner upon receipt of the completed Grievance Report ... | F 585   |   |                      |   |

Agency for Health Care Administration

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| N 000         | <p><b>INITIAL COMMENTS</b></p> <p>A complaint survey for complaint numbers 2025005920 and 2025006815 was conducted on at Braden River Rehabilitation center LLC. Deficiencies were identified at the time of the survey.</p> <p>Complaint number 2025005920 had deficiencies cited at N0042.</p>   | N 000 |  |  |
| N 042<br>SS=D | <p>400.1183 FS Resident Grievances and Complaints</p> <p>(1) Every nursing home must have a grievance procedure available to its residents and their families. The grievance procedure must include:<br/>(a) An explanation of how to pursue redress of a grievance.<br/>(b) The names, job titles, and telephone numbers of the employees responsible for implementing the facility's grievance procedure. The list must include the address and the toll-free telephone numbers of the ombudsman and the agency.<br/>(c) A simple description of the process through which a resident may, at any time, contact the toll-free telephone hotline of the ombudsman or the agency to report the unresolved grievance.<br/>(d) A procedure for providing assistance to residents who cannot prepare a written grievance without help.</p> <p>(2) Each nursing home facility shall maintain records of all grievances and a report, subject to agency inspection, of the total number of grievances handled, a categorization of the cases underlying the grievances, and the final disposition of the grievances.</p> <p>(3) Each facility must respond to the grievance within a reasonable time after its submission.</p> <p>(4) The agency may investigate any grievance at any time.</p> | N 042 |  |  |

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| AHCA Form 3020-0001<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X8) DATE<br><br>/25 |
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| N 042 | <p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by: Based on interviews and record review the facility failed to file a grievance for one resident (#1) out of three residents reviewed for grievances.</p> <p>Findings included:</p> <p>Review of the facility's policy, "Grievances" revised on _____ revealed, "Purpose: To support each resident's right to voice grievances and to ensure that after a grievance has been received, the center will actively work through to a conclusion while communicating progress to the resident and/or anyone working on their behalf in a timely manner. This policy shall be made available, upon request, for residents and/or anyone working on their behalf.</p> <p>Fundamental information - The Administrator is responsible for the conclusion of all grievances. The appointed Grievance Official (Social Services Director/Manager in FL [Florida]...) is responsible for overseeing the grievance process ... This process includes receiving and tracking grievances, leading investigations while maintaining the confidentiality of all information associated with grievances, reaching a conclusion, and taking appropriate actions.</p> <p>Any resident, or anyone acting on their behalf, may file a grievance with the center or to her agency or entity that hears grievances. They shall be able to do so without discrimination or reprisal or the fear of discrimination or reprisal in any form. A grievance may be filed anonymously. Grievances will be maintained for a period of no less than 3 years from the issuance of all grievance decision.</p> <p>Procedure:</p> <p>1. When a resident, or anyone acting on their</p> | N 042 | <p>1. On _____, a grievance was initiated by the Social Service assistant for resident #1 regarding the residents fiduciary DPOA concern regarding resident #1 being discharged to another center without their knowledge. A final resolution was delivered to the fiduciary DPOA on _____</p> <p>2. By _____, an audit of current residents was completed by Social Service Manager to ensure any resident with power of attorney is clarified on the _____ sheet to ensure proper notification of any discharge plans. On _____ the Director of Nursing was re-educated by the NHA to ensure any concerns are brought to the interdisciplinary team as a grievance and a conclusion/resolution is brought to the person filing the grievance. By _____, staff were re-educated on the Grievance process by the Staff development coordinator.</p> <p>3. Random interviews of residents/family/visitors 3 times a week for 12 weeks to ensure all concerns are brought through the grievance process. Interviews to be conducted by social services.</p> <p>4. Interviews will be brought to the Quality Assurance and Assessment/ Quality Assurance Performance Improvement committee for a minimum of three months or until substantial compliance is achieved</p> |  |
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| N 042 | <p>Continued From page 2</p> <p>behalf, has a grievance, a staff member shall encourage and assist the resident, or person acting on the resident's behalf, to file a grievance with the center using the Grievance Report.</p> <p>2. Grievances may be submitted orally or in writing; they may be submitted anonymously. The resident, or anyone acting on their behalf submitting the grievance, should be encouraged to utilize the Grievance Report.</p> <p>When a grievance is submitted orally, the center employee accepting the grievance must document it on the Grievance Report.</p> <p>3. The Grievance Report is to be forwarded to the center's Grievance Official or designee upon receipt in a prompt manner ....</p> <p>4. Upon receipt of a Grievance Report, The Grievance Official or designee will refer it to the appropriate department of investigation ...</p> <p>5. The Grievance Official will document receipt of all grievances on the Grievance QAPI [Quality Assurance and Performance Improvement] program.</p> <p>6. The Department will submit a completed Grievance Report of such findings to the Grievance Official in a prompt manner .</p> <p>7. The Grievance Official will review the conclusion with the person investigating the grievance to determine what corrective actions need to be taken.</p> <p>8. The resident, or anyone acting on their behalf filing the grievance, will be communicated with regarding the conclusion of the investigation and the corrective actions that will be taken. The resident for anyone acting on their behalf has the right to obtain a copy of the written conclusion. The Administrator, or designee, will validate the completion of the process in a timely manner upon receipt of the completed Grievance Report ...*</p> | N 042 |  |  |
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Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>64107</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>06/04/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADEN RIVER REHABILITATION CENTER LLC</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2010 MANATEE AVE E<br/>BRADENTON, FL 34208</b> |   |   |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE  |
| N 042   | <p>Continued From page 3</p> <p>Review of Resident #1's "Admission Record" revealed he was admitted to the facility on . . . and discharged to another facility on . . .</p> <p>A phone interview was conducted on . . . at 11:00 a.m. with Resident 1's Durable Power of Attorney (DPOA). Resident #1's DPOA said she was told Resident #1 was discharged to another facility and was transported there by a family member. Resident #1's DPOA said she went to the facility on . . . and complained to the Director of Nursing (DON) about Resident #1 being discharged and transferred without her approval as well as not being notified of the transfer. The DPOA said she was very upset with the matter and felt the facility should have spoken and communicated with her. The DPOA said nobody from the facility had communicated . . . with her related to her complaint.</p> <p>Review of Resident #1's Durable Power of Attorney form dated . . . revealed Resident #1 appointed his DPOA as a financial DPOA.</p> <p>Review of the facility's . . . and . . . grievance logs did not reveal a grievance was filed on behalf of Resident #1's DPOA.</p> <p>An interview was conducted on . . . at 12:20 p.m. with the Director of Nursing (DON), Social Services Assistant, and the Nursing Home Administrator (NHA). The DON confirmed Resident #1 only had a financial DPOA. The DON confirmed Resident #1's DPOA came to the facility and was "upset" Resident #1 was no longer at the facility and the DPOA was not made aware of the discharge. The DON said she explained to Resident #1's DPOA she was only DPOA for financial decisions and the DON said</p> | N 042  |   |   |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>64107</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>06/04/2025</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADEN RIVER REHABILITATION CENTER LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2010 MANATEE AVE E<br/>BRADENTON, FL 34208</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| N 042 | <p>Continued From page 4</p> <p>the DPOA was not happy with that response therefore she noted the complaint and passed it along to the Social Service Director to follow up with the grievance process per the facility's policy. The Social Services Assistant said the Social Services Director was not available at the time of the survey and confirmed they did not have any documentation to show they addressed and communicated the complaint with Resident #1's DPOA. The Social Services Assistant said they did not investigate the complaint, they did not work to resolve the complaint, and they did not inform Resident #1's DPOA of the outcome of the complaint. The NHA said the facility's policy only indicates a "resident" and "anyone acting on their behalf" could make a complaint/grievance. The NHA said after their assessment, the "financial only" DPOA was not acting on Resident #1's behalf. The DON said anyone can make a complaint and the facility would need to investigate all of them. The NHA said they were following their policy by not following up with Resident #1's DPOA complaint as the DPOA was not acting medically on Resident #1's behalf. The DON and the Social Services Assistant confirmed Resident #1's financial DPOA had a valid complaint that should have been filed as a grievance and investigated but it was not.</p> <p>Class III.</p> | N 042 |  |  |
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