

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105147	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PINES OF SARASOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 N ORANGE AVE , SARASOTA, Florida, 34236	
(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
F0000	INITIAL COMMENTS An unannounced complaint survey for complaint number 2026006661 was conducted through at Pines of Sarasota, a nursing home in Sarasota, Florida. Pines of Sarasota was not in compliance with Code of Federal Regulations (CFR) 42, Part 483, Requirements for Long-Term Care Facilities The following is a description of the noncompliance.	F0000		
F0695 SS = D	Care and Suctioning CFR(s): 483.25(i) § 483.25(i) care, including care and suctioning. The facility must ensure that a resident who needs care, including care and suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations and interviews, the facility failed to ensure the safe storage of cylinders in 1 (West 1) of 4 units observed. The findings included: On at 9:03 a.m., observation of the West 1 unit revealed 4 unsecured cylinders stored directly on the ground, not in the secured cylinder storage rack. The sign above the canisters read "FULL CYLINDERS". "Photographic evidence obtained". On at 9:18 a.m., the Assistant Director of Nursing (ADON) verified the observation of the 4	F0695	This plan of correction constitutes a written allegation of compliance for the deficiency cited. Submission of this plan of correction is not an admission that the deficiency exists or that one was cited correctly. This plan of correction is submitted to meet the requirements established by the State and Federal law. The four unsecured cylinders on the West 1 unit were secured. The Nursing Department completed a baseline audit of cylinder storage within the facility to ensure all cylinders were secured and stored properly. Ongoing education will be completed with current facility staff regarding the facility's storage policy and procedure; and will be completed during new hire and agency orientation to the facility by ADON/designee. Audits will be completed by the Director of Nursing/designee regarding adherence to the facility's storage policy and procedure twice weekly x 4 weeks, then weekly x 4 weeks, then monthly x 4 months, or until continued substantial compliance has been met. Results of audits will be reported to the QAPI Committee on a monthly basis by the Director of Nursing/designee.	

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 reverse for further 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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F0695 SS = D	<p>Continued from page 1</p> <p>cylinders of stored unsecured, directly on the ground. In an interview, the ADON verified that the cylinders were full and said they should not be stored on the ground.</p> <p>Review of the NFPA99 (2021) edition, 11.6.2.3 (11) revealed that, "Cylinders shall be protected from damage by means of the following specific procedures: cylinders shall be protected from abnormal mechanical , which is liable to damage the cylinder, valve, or safety device . . . Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart".</p> <p>On at 11:27 a.m., in an interview, the Director of Nursing (DON) said cylinders should be stored in a secure rack. The DON said cylinders should never be stored directly on the ground. The DON said cylinders stored unsecured on the floor were a safety risk.</p> <p>On at 11:50 a.m., in an interview, the Maintenance Director said that cylinders should be in a secure rack and never stored directly on the ground. The Maintenance Director said cylinders that are stored directly on the floor can over and "do some damage".</p>	F0695		

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1443095	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER PINES OF SARASOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 N ORANGE AVE , SARASOTA, Florida, 34236	
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N0000	<p>INITIAL COMMENTS</p> <p>An unannounced complaint survey for complaint number 2026006661 was conducted through at Pines of Sarasota, a nursing home in Sarasota, Florida.</p> <p>The facility had no deficiencies at the time of the survey.</p>	N0000		

Office of Primary Care and Health Systems Management

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