

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

PRINTED: 05/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105454	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING _____	(X3) DATE SURVEY COMPLETED R 04/03/2025
NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5511 SWIFT ROAD SARASOTA, FL 34231	
(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
{K 000}	INITIAL COMMENTS A Fire & Life Safety follow-up by desk review was conducted on 4/3/25 for Creekside Health And Rehabilitation Center, a skilled nursing facility in Sarasota, Florida. The follow-up was in response to the Fire & Life Safety recertification survey completed on 2/19/25. Based on the facility's plan of correction and supporting documentation, Creekside Health And Rehabilitation Center is not in compliance with the Code of Federal Regulations (CFR) 42, Section 483.90(a)&(b), Physical Environment Requirements for Long-Term Care Facilities and the National Fire Protection Association (NFPA) 101 (2012 edition) Life Safety Code. The following is the description of the noncompliance.	{K 000}		
{K 345} SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to test fire alarm interface equipment in accordance with NFPA 72. This in the event of a fire could result in the smoke detection devices failing to operate as designed thereby	{K 345}	Preparation and/or execution of this plan does not constitute admission agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of	4/22/25

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

TITLE

(X6) DATE

Electronically Signed

04/28/2025

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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{K 345}	<p>Continued From page 1</p> <p>endangering the occupants of the building. This affects all smoke compartments of the building.</p> <p>The findings included:</p> <p>On 4/3/25 at 1:30 p.m. while reviewing the facility fire alarm inspection report, the report did not include complete results for the differential pressure testing of the duct smoke detectors. The report listed 8 detectors in the system and only 4 were reported as having been tested. The report did not indicate that the sensitivity had been tested on any of the duct detectors.</p> <p>On 4/3/25 at 3:45 p.m., an email was sent to the Administrator asking for clarification on the testing.</p> <p>On 4/4/25 at 8:19 a.m., an email was received from the facility with the duct detector differential pressure test results. The results identified 5 of 8 detectors in the system were tested. The results did not indicate that sensitivity tests were completed on any of the detectors.</p> <p>Differential pressure testing of tube type duct detectors is a requirement of NFPA 72 (2010 edition) Table 14.4.2.2-14 (g)(6). NFPA 101(2012 edition) 19.5.2.1, 9.2, NFPA 72 (2010 edition) Table 14.4.2.2-14(g)(6)</p>	{K 345}	<p>correction is prepared and/or executed solely because it is required.</p> <p>1.What corrective actions will be accomplished for those residents found to have been affected by this deficient practice.</p> <p>On 04/10/25 differential pressure testing of the smoke detectors was completed the report list 8 detectors in the system and all 8 were tested. Sensitivity testing was completed on 04/21/2025 for the 8 duct detectors.</p> <p>No specific residents were affected by this alleged deficient practice.</p> <p>2. How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>No residents affected by the alleged deficient practice. On 04/21/25 the Maintenance Director/designee completed an audit of smoke detectors and duct detectors to ensure documentation in place for completion of biennial smoke detector sensitivity testing and annual duct detector differential testing, no other concerns identified.</p> <p>3.What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur.</p>	

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{K 345}	Continued From page 2	{K 345}	<p>The Maintenance Director was educated on 04/17/2025 related to maintaining documentation of the Fire Alarm System in accordance with National Fire Protection Association (NFPA) 101 by the Administrator.</p> <p>4.How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.</p> <p>Random audits will be completed by the NHA/designee of smoke detectors and duct detectors to ensure documentation in place for completion of biennial smoke detector sensitivity testing and duct detector differential testing once a week for 4 weeks and then monthly for 2 months.</p> <p>Findings and audits will be reported to the QAPI committee for follow-up and recommendations monthly.</p>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 85807	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 05 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED R 04/03/2025
NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 5511 SWIFT ROAD SARASOTA, FL 34231		
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{K 000}	INITIAL COMMENTS A Fire & Life Safety follow-up by desk review was conducted on 4/3/25 for Creekside Health And Rehabilitation Center, a skilled nursing facility in Sarasota, Florida. The follow-up was in response to the Fire & Life Safety relicensure survey completed on 2/19/25. The follow-up was completed in accordance with National Fire Protection Association (NFPA) 1 and 101 (2018 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting NFPA 1 and 101 (2018 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. The following is the description of the deficiencies.	{K 000}		
{K 345} SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.5, 9.6.7, 9.6.8, and NFPA 70, NFPA 72 This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to test fire alarm interface equipment in accordance with NFPA 72. This in the event of	{K 345}	Preparation and/or execution of this plan does not constitute admission agreement by the provider of the truth of the facts	4/22/25

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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04/28/25

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{K 345}	<p>Continued From page 1</p> <p>a fire could result in the smoke detection devices failing to operate as designed thereby endangering the occupants of the building. This affects all smoke compartments of the building.</p> <p>The findings included:</p> <p>On 4/3/25 at 1:30 p.m. while reviewing the facility fire alarm inspection report, the report did not include complete results for the differential pressure testing of the duct smoke detectors. The report listed 8 detectors in the system and only 4 were reported as having been tested. The report did not indicate that the sensitivity had been tested on any of the duct detectors.</p> <p>On 4/3/25 at 3:45 p.m. an email was sent to the Administrator asking for clarification on the testing.</p> <p>On 4/4/25 at 8:19 a.m. an email was received from the facility with the duct detector differential pressure test results. The results identified 5 of 8 detectors in the system were tested. The results did not indicate that sensitivity tests were completed on any of the detectors.</p> <p>Differential pressure testing of tube type duct detectors is a requirement of NFPA 72. NFPA 101 (2021 Edition) 19.5.2.1, 9.2, NFPA 72 (2019 Edition) 14.4.4.3 and Table 14.4.3.2.17 (g) (5)</p> <p>Class III</p>	{K 345}	<p>alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>1.What corrective actions will be accomplished for those residents found to have been affected by this deficient practice.</p> <p>On 04/10/25 differential pressure testing of the smoke detectors was completed the report list 8 detectors in the system and all 8 were tested. Sensitivity testing was completed on 04/21/2025 for the 8 duct detectors.</p> <p>No specific residents were affected by this alleged deficient practice.</p> <p>2. How will you identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>No residents affected by the alleged deficient practice.</p> <p>On 04/21/25 the Maintenance Director/designee completed an audit of smoke detectors and duct detectors to ensure documentation in place for completion of biennial smoke detector sensitivity testing and annual duct detector differential testing, no other concerns identified.</p> <p>3.What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur.</p>	

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