

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/16/2025
Form Approved OMB
No. 0938-0391

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)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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 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>		

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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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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<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>		