

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2025
NAME OF PROVIDER OR SUPPLIER Heritage Park Health Center by Harborview		STREET ADDRESS, CITY, STATE, ZIP CODE 2302 59th St W Bradenton, FL 34209	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure four (Resident #2, #9, #10, and #18) of 16 residents reviewed were treated with respect and dignity that promoted the resident's quality of life by ensuring staff were able to communicate in a language the residents comprehend. Findings included: An interview was conducted with Resident #2's representative (RR) on 12/15/2025 at 2:59 p.m. Resident #2's RR stated staff did not speak English and Resident #2 did not speak another language. Since the staff did not understand Resident #2's preferences, Resident #2's preferences were not followed. An interview was conducted with Resident #9 on 12/15/2025 at 10:23 a.m. Resident #9 stated the aids speak other languages, and it is difficult to communicate with them. Review of Resident #9's MDS, dated [DATE], Cognitive Patterns, showed a Brief Interview for Mental Status (BIMS) score of 15/15, indicating cognition not impaired. An interview was conducted with Resident #10 on 12/15/2025 at 10:40 a.m. Resident #10 stated some staff speak Spanish. Resident #10 said the staff help people, but they don't understand what you are saying. Review of Resident #10's Minimum Data Set (MDS), dated [DATE], Cognitive Patterns, showed a BIMS score of 6/15, indicating cognition severely impaired. An interview was conducted with Resident #18 who serves as resident council president, on 12/15/2025 at 3:14 p.m. Resident #18 stated there are language issues with the Certified Nursing Assistants (CNAs), as the CNAs do not speak English. Resident #18 said most of the residents have cognition issues and get frustrated with having to explain things multiple times since the staff do not understand them. Resident #18 said some residents can be mean about having to explain things to the staff due the language barrier. Resident #18 said it is very hard to communicate with the staff, due to the language barrier. Resident #18 stated most of the non-English speaking staff usually work at night. Review of Resident #18's MDS, dated [DATE], Cognitive Patterns, showed a BIMS score of 15/15, indicating the resident's cognition was not impaired. An interview was conducted with Staff A, Licensed Practical Nurse (LPN), on 12/15/2025 at 12:42 p.m. Staff A stated there were complaints about CNAs who did not speak English. Staff A stated not sure if the staff still work at the facility or if they quit. An interview was conducted with the Social Services Director (SSD) on 12/15/2025 at 12:54 p.m. The SSD stated numerous complaints have been received regarding the language barrier with staff and residents, since October 2025. The SSD stated when a grievance is received by a staff member, the staff member writes the grievance and files with social services. Social Services takes the grievance to the morning meeting for discussion. The grievances about the language barrier are assigned to the Nursing Home Administrator (NHA). The SSD said most residents have hearing issues, and the difference in language makes it difficult for the residents to communicate. The SSD stated, We do have a couple of staff who do not speak English. An interview was conducted with the Director of Nursing (DON) on 12/15/2025 at 4:26 p.m. The DON stated the facility has a language line and bilingual staff members who help with translation for residents who need assistance. The DON said the staff can go and ask another staff member to assist them with communication, if needed. The DON stated the facility does not provide training to staff in different languages. The DON confirmed they have no documented training regarding language barriers. The DON confirmed having heard concerns about staff with thicker accents, being difficult to understand, those concerns have been conveyed to the NHA. The DON said there are a couple of CNAs that have language barriers and difficulty understanding English. The DON said that if there are any complaints, then staff would create a grievance. Administration would then follow up with that staff member. The DON stated she is not sure if a policy for language barriers exists. The DON confirmed not being aware of issues with nurses and the language barrier. The DON stated no care issues have occurred due to language barriers. The DON said, This is a fairly new thing in our facility and staff speaking another language to each other in front of a resident is a dignity concern. Review of the facility policy titled Resident Rights, with a revision date of 2/1/2025 revealed the following: . 4. If a resident's knowledge of English or the predominant language of the facility is inadequate for comprehension, a means to communicate the information concerning rights and responsibilities in a language familiar to the resident will be made available and implemented. Review of the facility Resident Rights document not dated revealed: Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons [sic] and services inside and outside the facility. 4. Respect and Dignity. The resident has a right to be treated with respect and dignity, including: . right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure a safe, clean, comfortable and homelike environment to include resident bathrooms had functioning toilets, and the environment was maintained and sanitary from raw sewage odor in six (A, B, C, D, E, and F) of six-unit zones. Findings included: On 12/15/2025 at 9:10 a.m. upon facility entrance to the facility there was a heavy raw sewage odor. An interview was conducted with Staff I, receptionist, on 12/15/2025 at 9:10 a.m. Staff I confirmed the sewage odor and believed it came from the public bathrooms, located in the lobby area. Staff I said the odor is really bad in the a.m. but later in the day it seems to go away. Staff I stated reporting the odor to the Maintenance Director (DOM). Staff I stated receiving complaints from visitors as well as residents in the building, regarding the odor. Staff I stated not knowing how long the sewage odor had been on, but it has been ongoing since her employment, which was in the beginning of 11/2025. The sewage odor was present in the corridors and outside of the conference room. On 12/15/2025 at 9:20 a.m. and 12:20 p.m., a facility tour, including all 68 resident rooms were entered for observation. During tour, the strong sewage odor was present in the main hallway of the 300 hall and beginning of the 200 hall to include outside resident rooms 200 - 206. The following was observed: a. Resident room [ROOM NUMBER]-bathroom toilet bowl water was continuously running and would not stop even after jiggling the tank handle. b. Resident room [ROOM NUMBER]-bathroom toilet bowl was clogged and filled with fecal matter and brown paper towels. The toilet would not flush with over three attempts. The Housekeeping Director (HD) came into the bathroom with a plunger trying to unclog the toilet, unsuccessfully. c. Resident room [ROOM NUMBER] bathroom had a clogged toilet, filled with fecal matter and brown paper towels. The toilet would not flush, after repeated attempts. d. Resident room [ROOM NUMBER]-bathroom toilet bowl had low water fill and would not flush. e. Resident room [ROOM NUMBER]-bathroom had a clogged toilet, filled with fecal matter and brown paper towels. The toilet would not flush, after repeated attempts. f. The main hallway at and around resident rooms 200 - 206 with sewage odor. g. Resident room [ROOM NUMBER]-bathroom toilet had low water fill and would not flush. h. Resident room [ROOM NUMBER]-bathroom toilet would not flush, after repeated attempts. i. Resident room [ROOM NUMBER]-bathroom toilet would not flush, after repeated attempts. j. Resident room [ROOM NUMBER]-bathroom toilet would not flush, after repeated attempts. k. Resident room [ROOM NUMBER]-bathroom had a clogged toilet, filled with fecal matter. The toilet would not flush, after repeated attempts. l. Resident room [ROOM NUMBER]-bathroom had a clogged toilet filled with fecal matter and brown paper towels. The toilet would not flush, after repeated attempts. m. Resident room [ROOM NUMBER]-bathroom toilet had a clogged toilet filled with fecal matter. The toilet would not flush, after repeated attempts. n. Resident room [ROOM NUMBER]-bathroom toilet was clogged. The toilet would not flush, after repeated attempts. On 12/15/2025 at 9:25 a.m. the HD was observed in resident room [ROOM NUMBER] bathroom utilizing a plunger in the toilet. The HD said the staff continually unclog toilets in either resident bathrooms or other bathrooms in the facility. The HD said each time the clog occur the staff report the incident to the DOM. The DOM follows up by either fixing a toilet and at times contacting an outside plumbing service. The HD confirmed the facility does have a sewage odor, especially in the morning. The HD said not knowing exactly where the odor comes from or what the administration and maintenance department are doing about that odor but does know they are aware of it and working on. The HD confirmed the toilet clogs are ongoing, and the sewage odor has been on and off for a couple of months. On 12/15/2025 during the 7-3 shift from approximately 9:20 a.m. through to 12:00 p.m., interviews with various staff were obtained. Staff B, Licensed Practical Nurse (LPN); Staff C, Certified Nursing Assistant (CNA); Staff D, CNA; Dietary Manager (DM); Staff F, Social Service (SS); and the Business Office Manager (BOM) all confirmed the sewage odor throughout the facility Staff B, LPN, Staff C, CNA, Staff D, CNA, DM, Staff F, SS, and the BOM also confirmed the sewage odors have been ongoing for months and there are resident rooms that have clogged toilets that have to be unclogged, regularly. Staff B, C, D, E, F, and G all said they have contacted the administration and maintenance department about the odors and feel they are constantly working on getting the issue fixed, to no avail. An interview was conducted on 12/15/2025 at 2:15 p.m. with the Nursing Home Administrator (NHA), and the DOM. The NHA and DOM confirmed the facility physical plant has been having issues with toilet flushing and with sewage odor for several months. The DOM said the staff can usually fix the toilet flushing problems with simple plumbing. The DOM said they are constantly</p>		