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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105193 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/29/2025 |
| NAME OF PROVIDER OR SUPPLIER Park Meadows Healthcare & Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SW 41st Place Gainesville, FL 32608 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>Based on observations and interviews, the facility failed to ensure an orderly and sanitary environment in 4 (100, 200, 300, 400) of 4 hallways.</p> <p>Findings include:</p> <p>During a tour of the facility on 3/29/25 at 9:17 AM, a buildup of trash and debris was observed on all hallways [100, 200, 300 and 400]. No housekeeping carts were observed during the tour.</p> <p>During a tour of the facility on 3/29/25 at 9:20 AM, in the 100 hallway, close to the exit leading to the smoking patio, there was significant debris observed on the floor, which consisted primarily of leaves, grass, and some small pieces of trash.</p> <p>An interview on 3/29/25 at 10:00 AM, Resident #6 stated that he does not see housekeeping very often.</p> <p>An interview on 3/29/25 at 10:10 AM, Resident #7 stated that housekeeping could be better.</p> <p>An interview on 3/29/25 at 10:17 AM, Resident #8 stated housekeeping was a 'joke.'</p> <p>During a tour of the facility on 3/29/25 at 11:30 AM, debris and trash was still observed on the floors of 100, 200, 300, and 400 hallways. No housekeeping carts were observed during the tour.</p> <p>During an observation of the facility on 3/29/25 at 1:20 PM with the Administrator, trash and debris were observed on all hallways (100, 200, 300 and 400) throughout the facility. A large, uncovered cart was being brought out of the dirty utility room that was filled with bags of soiled linens and trash creating a lingering and foul odor. On the 100 hallway there was a brownish dried liquid on the wall from the handrail to the floor in two distinct wavy lines that were approximately 1/8 to 1/4 width in size. No housekeeping carts were observed during the tour with the Administrator. The Administrator confirmed the unclean and unsanitary environment.</p> <p>An interview on 3/29/25 at 1:30 PM, the Administrator stated that housekeeping follow a check list that they are supposed to turn in showing those rooms and common areas that were cleaned. The Administrator stated that his expectation was to follow checklist and that the daily cleaning schedule was not being followed. He verified there was no housekeeping personnel working the morning of 3/29/25.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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