STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105193	A. Building B. Wing	01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Meadows Healthcare & Rehabilitation Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to ensure medical records were complete and accurate for 1 of 4 residents, Resident #1, reviewed for medication administration. Findings include: Review of Resident #1's physician order dated 11/16/2024 read, Acidophilus Capsule 100 mg [milligrams] (Lactobacillus) give 1 capsule by mouth two times a day for probiotic. Order status: Active. Start date: 11/16/2024.Review of Resident #1's MAR [Medication Administration Record] for December 2025 for the administration of Acidophilus Capsules showed no entry for 12/09/2025 at 1700 [5:00 PM].Review of Resident #1's physician order dated 11/16/2024 read, Ascorbic Acid (Vitamin C) Oral Tablet 500 mg (Ascorbic Acid) give 1 tablet by mouth two times a day for supplement. Order status: Active. Start date: 11/16/2024.Review of Resident #1's MAR for December 2025 for the administration of Ascorbic Acid tablet showed no entry for 12/09/2025 at 1700.Review of Resident #1's physician order dated 11/16/2024 read, Eliquis Oral Tablet 5 mg (Apixaban) (blood thinner) give 5 mg by mouth two times a day related to unspecified atrial flutter (irregular heart beat). Order status: Active. Start date: 11/16/2024.Review of Resident #1's MAR for December 2025 for administration of Eliquis Oral Tablet showed no entries at 12/09/2025 and 12/14/2025 at 1700.Review of Resident #1's physician order dated 11/16/2024 read, Famotidine (medication to decrease stomach acid production) Tablet 20 mg give 1 tablet by mouth two times a day related to gastro-esophageal reflux disease without esophagitis. Order status: Active. Start date: 11/16/2024.Review of Resident #1's MAR for December 2025 for administration of Famotidine Tablet showed no entry for 12/09/2025 at 1700.Review of Resident #1's physician order dated 12/25/2025 read, Insulin Glargine (long-acting insulin) Solution 100 Unit/ML (milliliter). Inject 35 unit subcutaneously (beneath the skin) two times a day for diabetes (0500 and 1700) (5:00 AM and 5:00 PM) dialysis patient. Order status: Active. Start date: 12/25/2025.Review of Resident #1's MAR for December 2025 for the administration of Insulin Glargine showed no entries for 12/09/2025 at 1630 and 12/14/2025 at 1630 [4:30 PM]Review of Resident #1's physician order dated 01/04/2025 read, Apidra SoloStar (rapid-acting insulin) 100 Unit/ML solution pen-injector. Inject 8 units subcutaneously before meals related to type 2 diabetes mellitus with other specified complication. Order status: Active. Start date: 01/06/2026.Review of Resident #1's MAR for December 2025 for the administration of Apidra Solostar showed no entries for 12/09/2025 for 16:30 and 12/14/2025 for 16:30.During an interview on 01/27/2026 at 1:16 PM Staff A, LPN (Licensed Practical Nurse) stated, [Resident #1's name] doesn't like [Staff B, LPN's name] and [Staff C, LPN's name], so when they are there, I take over his care. I gave [Resident #1's name]'s medications on December 9th. We do 12-hour shifts. I gave [Resident #1's name] all of his medications, and I expected [Staff B, LPN's name] to document that the medications were given. I told [Staff B, LPN's name] I gave the medications, and she was supposed to document them.During an interview on 01/27/2026 at 2:01 PM, Staff B, LPN stated, [Resident #1's name] doesn't like me. When I am working, we split the hallway and another nurse takes over his care, usually [Staff A, LPN's name]. (continued on next page)

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

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 01/27/2026
NAME OF PROVIDER OR SUPPLIER Park Meadows Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3250 SW 41st Place Gainesville, FL 32608	

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[Staff A's name] gives the medications and I am supposed to document that the medications were given in that scenario. I must have forgotten to document that [Staff A, LPN's name] gave the meds to [Resident #1's name] for whatever reason.During an interview on 01/27/2026 at 2:21 PM Staff C, LPN stated, I worked 7a-7p on December 14th. I had [Resident #1's name] in my assigned group. Another nurse was giving the medications for [Resident #1's name]. I do not take care of [Resident #1's name] because he is verbally abusive to me, so on that day another nurse was giving his medications. I don't recall who the other nurse was on that day. I pulled the insulin for that nurse. If there is a blank space on the MAR for [Resident #1's name]'s medications on December 14th, I must have gotten distracted and forgot to document that the medications were given. I remember on that day I pulled the medications and verified with the other nurse that the medications were given. I must have just gotten distracted that day and forgot to sign off.During an interview on 01/27/2026 at 2:06 PM the Director of Nursing stated, I explained to the nurses going forward that whichever nurse gives the medication is going to need to sign off on it. My expectation is that whichever nurse gives the medication, they should document it. [Staff A's name] should have documented that [Resident #1's name] received his medications on December 9th.Review of policy and procedure titled, Charting and Documentation issued 04/01/2022 read, Policy: It is the policy of this facility that services provided to the resident, or any changes in the resident's medical or mental condition, shall be documented in the resident's clinical record as is needed. Procedure: 1. Observations, medications administered, services performed, etc., should be recorded in the resident's clinical records. 3. Entries into the clinical record should be made by the appropriate staff members. Staff providing care and services to the resident may contribute to the overall documentation in the clinical record in accordance with state and federal law.