

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Titusville Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1705 Jess Parrish CT Titusville, FL 32796	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide maintenance services necessary to maintain a homelike environment for residents on 2 of 3 units, (100 unit and 200 unit). Findings: During an initial tour of the facility on 12/29/25 at 9:38 AM, it was observed that the wall paint over the Packaged Terminal Air Conditioner (PTAC) at the entrance to the 100-unit was bubbled and chipped; the sheetrock was broken off and the baseboard was missing on an area of the wall next to the sink in room [ROOM NUMBER]; a hole in the wall outside the door to room [ROOM NUMBER] was covered by the baseboard; the wall was repaired around the PTAC in room [ROOM NUMBER] but was not painted to match the surrounding area; ceramic tile was off the wall behind the toilet and missing from the top of the shower stall in room [ROOM NUMBER]; the paint on the wall next to the window in room [ROOM NUMBER] was bubbled and peeling; the wall area close to the baseboard next to the window in room [ROOM NUMBER] had holes and peeling paint; the baseboard was off the wall and lying on the floor next to the window in room [ROOM NUMBER]; and the sheetrock was broken off and the baseboard was missing on an area of the wall next to the sink in room [ROOM NUMBER] and the surface of the sink base was bubbled. On 12/29/25 at 12:40 PM, the Maintenance Director stated room rounds were conducted daily to identify any maintenance issues. He explained staff were also able to communicate any broken items verbally or could use the electronic reporting system through the computer. The Maintenance Director stated he had some projects scheduled for the next week and would be doing some patch projects. During a tour of the facility with the Administrator and Maintenance Director on 12/29/25 at 12:45 PM, the Maintenance Director and Administrator took note of the identified areas. The Maintenance Director stated some of the identified items were on the project list but could not verify how long they had been on the list waiting to be repaired. The Administrator acknowledged repairs were needed in order to maintain a homelike environment for the residents. The facility's policy and procedure for Maintenance and Repair: To Prevent Spread of Infection effective October 2021 indicated the facility's Maintenance Department would replace or repair damaged structural surfaces (i.e., countertops, sinks, floors, or tiles) as needed.</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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