

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105571	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Palm Garden of Gainesville		STREET ADDRESS, CITY, STATE, ZIP CODE 227 SW 62nd Blvd Gainesville, FL 32607	

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 - 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>51447</p> <p>Based on observation and interview, the facility failed to provide a clean and homelike environment.</p> <p>Findings include:</p> <p>During an observation on 11/7/2024 beginning at 10:30 AM, there were multiple circular spots of a black substances on the vents of the air conditioner units in the rooms of Residents #6, #7, #8, #9, #10, and #12.</p> <p>During an interview on 11/7/2024 at 11:45 AM, the Environmental Director stated that the environmental services was responsible for cleaning the vents of the air conditioner units daily with a cloth and surface cleaner. The Environmental Director observed the black circular spots on the vents and stated, They should be cleaned daily and those don't look like they were clean, when the environmental staff cannot adequately get to the harder areas to reach on the vents, they are supposed to notify maintenance.</p> <p>During an interview on 11/7/2024 at 11:52 AM, the Maintenance Director observed the air conditioner vents and stated, They are not clean and should be wiped down.</p> <p>During an interview on 11/7/2024 at 11:55 AM, Resident #8 stated that the spots of a black substance on his air conditioner vents would be dangerous to his health.</p> <p>During an interview on 11/7/2024 at 11:58 AM, Resident #9 stated, I have asthma, and it would be very bad for it.</p> <p>During an interview on 11/7/2024 around 1:00 PM, the Director of Clinical Services confirmed that the conditions of the vents were not acceptable.</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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