

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2025
NAME OF PROVIDER OR SUPPLIER Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 SW 16th Ave Gainesville, FL 32601	

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>Based on observations and interviews, the facility failed to honor resident rights for 5 (Resident #1, #3, #4, #5, #6) of 6 and failed to ensure 2 of 2 hallways were safe, clean, comfortable and homelike environment. Photographic evidence obtained Findings include: Findings include: During an initial tour of the facility on 8/29/2025 at 09:08 AM, east and west wing hallways noted to have buildup of debris on and around the walls. Debris buildup around walls, in the corners, and dust were visually noticeable lying on base boards. Dust and debris could be wiped off with gloved finger on railings within resident rooms and in east and west corridor hallways. During an observation on 8/29/2025 at 09:50 AM, Resident #1's room had brown debris buildup around baseboard and walls in the room and in the bathroom. Winged insect was noted lying on bathroom floor. During an observation on 8/29/2025 at 10:06 AM, Resident #3's room had three live brown bugs running across the floor, and three brown bugs climbing out of Resident #3's shoes when residents' shoe was tapped by the surveyor's foot. The floor in Resident #3's room had unidentified pieces of particles lying loosely on the floor. The wall beside Resident #3's bed had dark particles all over the wall that could be wiped away with a gloved finger. During an interview on 8/29/2025 at 10:06 AM, Resident #3 stated, I told someone about the bugs, and I would like that stuff to be wiped off the walls. During an observation on 8/29/2025 at 10:42 AM, Resident #4's room was cluttered, had live bugs crawling in the room, and a buildup of debris noted around the floor. During an observation on 8/29/2025 at 10:58 AM, Resident #5's room had dry food crumbs on the floor, and a buildup of debris on walls and floors in the room and in the bathroom. During an interview on 8/29/2025 at 10:58 AM, Resident #5 stated, I don't recall if they come in and clean the room daily. I don't think so, but it would be nice to have it cleaned. During an observation on 8/29/2025 at 11:08 AM, Resident #6's room had food particles on the floor and under the bed. Buildup of debris was observed on the walls and on the floors in the room and in the bathroom. During an interview on 8/29/2025 at 11:08 AM, Resident #6 stated, They come in and empty the trash and wipe the floors but that's it. See its dirty and should be cleaned in here. During an observation with the administrator on 8/29/2025 at 11:35 AM, a tour of Resident #1, #3, #4, #5, and #6's rooms were observed with confirmation of dirt and buildup on the baseboards, around the edges of the floors, and with confirmation of live brown bugs crawling in Resident #3's room. During an interview on 8/29/2025 at 9:48 AM, Staff A, Environmental Services Technician stated, The dirt around the floor and baseboards needs to be stripped, it's just dirt that has buildup around the walls throughout the building. During an interview on 8/29/2025 at 2:14 PM, the Administrator stated, The rooms and halls need to be cleaned, and the dirt and debris removed from the halls and resident's rooms. Review of the policy and procedure titled Environment of Care, dated 12/18/2024 read, It will be the policy of this facility to provide the residents with a safe, clean, comfortable and homelike environment. Procedure: 1. The facility staff will provide a safe, clean, comfortable and homelike environment. 2. The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</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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