STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105652	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palatka Center for Rehabilitation and Healing	110 Kay Larkin Dr Palatka, FL 32177

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation and interview, the facility failed to ensure Peripherally Inserted Central Catheter (PICC) dressing changes were performed in accordance with professional standards of practice for 1 of 5 residents, Resident #2, reviewed for intravenous therapy.Findings include:During an observation on 02/27/2026 at 10:22 AM of Resident #2, the resident had a PICC (peripherally inserted central catheter) line inserted into the right upper arm. The PICC line was covered with a transparent dressing dated 2/11.During an interview on 02/27/2026 at 10:25 AM, Staff A, LPN (Licensed Practical Nurse) stated, It says 2/11 [the date on the PICC line dressing]. They are supposed to be changed weekly, I believe on Saturdays.During an interview on 02/27/2026 at 10:37 AM, Staff C, LPN stated, I think the RN [Registered Nurse] supervisor changes all the PICC line dressings. She works Monday through Friday, but she's not here today.During an interview on 02/27/2026 at 10:41 AM, the Director of Nursing stated, The PICC dressings should be changed every week, it is the responsibility of the nurse on the cart. [Resident #2's name]'s dressing should have been changed. There is no order for PICC dressing changes.Review of the policy and procedure titled, Skin and Wound Management - Manage Wound Care read, The facility will manage wound care based upon current standards of practice. 1. When skin impairment is identified, the nurse will review and select the appropriate treatment protocol for the wound. 2. A physician order will be documented on the Treatment Administration Record.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105652	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palatka Center for Rehabilitation and Healing	110 Kay Larkin Dr Palatka, FL 32177

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 resident records were complete and accurately documented for wound care treatments 1 of 5 residents, Resident #1, reviewed for wound care. Findings includedReview of Resident #1's physician order dated 01/17/2026 read, WOUND CARE: Cleanse abdominal staples with NSS [normal saline solution], pat dry, apply dry dressing every day shift. End date 01/26/2026.Review of Resident #1's Treatment Administration Record, the record did not contain documentation wound care was completed as ordered by the physician for the abdominal wound on 01/18/2026, 01/19/2026, or 1/23/2026.During an interview on 02/27/2026 at 12:40 PM, Staff A, LPN (Licensed Practical Nurse) stated, I changed [Resident #1's name]'s abdominal dressing every time I took care of her, so I must have just forgotten to document that I changed it on January 18th and 23rd.During an interview on 02/27/2026 at 1:13 PM, Staff B, LPN stated, I cannot recall whether I changed [Resident #1's name]'s dressing on January 19th or not.Review of the policy and procedure titled, Documentation, Clinical read, The facility clinical staff will document the provision of care and services according to nursing standards and regulatory requirements. When completed, documentation will accurately reflect the clinical care and other services provided to the resident and ensure that the appropriate information is available to all interdisciplinary team members. Documentation in the medical record of each resident should provide: 1. A complete account of the resident's care treatment and response to the care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105652	A. Building B. Wing	02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palatka Center for Rehabilitation and Healing	110 Kay Larkin Dr Palatka, FL 32177

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to prevent the possible spread of infection for not implementing enhanced barrier precautions for 1 of 3 residents, Resident #2, reviewed for intravenous therapy care.Findings included:During an observation on 02/27/2026 at 10:32 AM, Staff A, LPN (Licensed Practical Nurse) was observed changing Resident #2's PICC (peripherally inserted central catheter) line dressing. The LPN was not wearing a gown.During an interview on 02/27/2026 at 10:43 AM the Director of Nursing stated, [Resident #2's name] should be on enhanced barrier precautions due to her IV (intravenous) and her wound. [Staff A's name] should have worn a gown. [Resident #2's name] doesn't have an order for enhanced barrier precautions.During an interview on 02/27/2026 at 10:48 AM, Staff A, LPN stated, I didn't think I needed to wear a gown to change a PICC line dressing.Review of Resident #2's care plan dated 02/02/2026 read, [Resident #2's name] is on IV Antibiotic Medications r/t [related to] Wound Infection. Interventions: Provide enhanced barrier precautions per facility policy.Review of the policy and procedure titled, Enhanced Barrier Precautions read, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. 3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.; and h. wound care (any skin opening requiring a dressing).