STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105664	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gainesville Health and Rehabilitation	4000 SW 20th Ave 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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation, interview, and record review, the facility failed to ensure essential equipment and building components were maintained in a safe operating condition in the facility's kitchen dishwashing area.Findings include: During an observation on 05/12/2026 at 9:45 AM, in the kitchen dishwashing area, there was a garbage disposal unit, which was non-functional and actively leaking water. A continuous flow of water was leaking from the unit, resulting in accumulation of standing water across the floor surface in the immediate work area. Multiple floor tiles were lifted and uneven, with sections of flooring missing, exposing the underlying subfloor/concrete. During an interview on 05/12/2026 at 9:56 AM, Staff A, Kitchen Aide, stated, The sink, garbage disposal and standing water have been that way since I started working here about 4 months ago. I have seen maintenance in the kitchen, but the areas are still broken. I feel like the tile is a fall issue for the staff and feel that the standing dirty water makes the area a risk for contamination of the clean dishes in the area. During an interview on 5/13/2026 at 2:30 PM, Staff B, Kitchen Aide, stated, I have worked at the facility for about 4 months and the area has been broken and leaking since I started working here. The area is unsafe for the staff and makes it difficult to clean the area. During an interview on 5/13/2026 at 2:33 PM, Staff C, Kitchen Aide, stated, I believe the area has been leaking or broken since the middle of last year (2025). The area is unsafe for staff and the standing water is a risk for contamination. The broken garbage disposal is emptied manually, but getting all of the food out is impossible and it creates an area for flies, gnats and potentially maggots. Review of the facility's TELS (maintenance work order) log showed no active or pending work order identified related to the leaking garbage disposal or the damaged flooring in the dishwashing area. During an interview on 05/12/2026 at 9:40 AM, the Maintenance Director stated, I have been the director for about 3 weeks now and am aware of the broken sink, garbage disposal and standing water. I have discussed the situation with the administrator who is communicating with the owner of the facility to get approval for repairs, but I have not gotten any approval for work. During an interview on 05/13/2026 at 2:28 PM, the Administrator stated, I have known about the concern in the kitchen for about 2 months. During an interview on 05/13/2026 at 2:35 PM, Staff D, Cook, stated, I have slipped on the standing water and broken tiles. There is a risk that contamination of clean dishes is a possibility because of the standing water and potential for splashes. During an interview on 05/13/2026 at 3:10 PM the Administrator stated, My expectation is that all essential equipment is maintained in safe, sanitary, and proper working condition. Review of the facility policy and procedure titled Physical Environment - Safe Environment, last reviewed in January 2026, showed it read, The facility will be equipped and maintained to protect the health and safety of residents, personnel, and the public.

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