

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105696	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Windsor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 602 E Laura St Starke, FL 32091	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to repair or replace broken floor tiles in 3 of 6 residents' rooms reviewed for a safe, comfortable and homelike environment. Findings Included During an observation on 12/30/2025 at 9:25 AM in room [ROOM NUMBER], there were four cracked floor tiles with brown discoloration adjacent to the doorway on the interior of the room, with one of the tiles raised slightly above the floor level. (Photographic evidence obtained). During an observation on 12/30/2025 at 9:38 AM in room [ROOM NUMBER], one cracked floor tile was observed adjacent to the doorway in the interior of the room (Photographic evidence obtained). During an observation on 12/30/2025 at 9:42 AM in room [ROOM NUMBER], there were four broken floor tiles adjacent to the interior doorway of the room, with two chipped sections, and extensive cracking to the outer edges of the tiles. (Photographic evidence obtained). During an interview on 12/30/2025 at 4:30 PM the Maintenance Director stated, I complete a monthly patient room inspection. Due to the fact the facility is over [AGE] years old, it is difficult to find a vendor that has these specific tiles in stock, however, I think I have a few tiles left to fix the floors. During an interview on 12/30/2025 at 6:05 PM, with the Administrator, the photographic evidence was reviewed. The Administrator acknowledged the tiles were in disrepair.</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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