STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105822	A. Building B. Wing	12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens Healthcare & Rehabilitation Center	1704 Huntington Village Circle Daytona Beach, FL 32114

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on interviews and record reviews, the facility failed to obtain food preferences for two of three residents (#63 and #119) reviewed for food in a total of 39 sampled residents. Failure obtain food preferences placed residents at risk of inadequate nutritional interventions and non-compliance. During the initial tour of the facility on 12/07/2025 at 12:30 PM, Resident 119 stated food is always cold and at times does not taste good. He explained that he was not aware if the facility had a substitution menu.On 12/08/2025 at 12:40 PM, Resident 119 was observed in his room with the food tray on the bedside table and the rice serving was untouched. He ate green beans and fish. He stated that the fish was warm. He added that he did not touch the rice because he hated rice. He added that he also hated carrots and squash, and dietary keeps serving these items to him. When asked if the facility reviewed his preferences, he stated no. He confirmed that he had not met anyone from dietary to go over food preferences.In an interview on 12/08/2025 at 12:40 PM, Resident 63 stated that he does not want what is served most of the time because he did not like it and 85% of the time the food is always cold. His plate was on the table with green beans and rice. He confirmed that no one spoke to him about food preferences.Review of the initial nutrition assessments dated 10/31/25 and 11/29/25 for Residents 63 and 119 respectively, revealed that food preferences were not obtained (Copies obtained).An interview was conducted on 12/09/2025 at 10:01 AM with the Dietary Manager and the Regional Director of Operations. The Dietary Manager stated that he met with new admission within 24-48 hours of admission, reviewed the food preferences and documented in the meal tracker. He added that the dietitian conducted the quarterly and annual review and notified him if there were any changes in food preferences. He added that the nurses would notify him as needed when residents have food concerns. When asked about food likes and dislikes, he stated that it was not added to the meal ticket. The meal tracker automatically takes off the item if it is on the menu to be served and places the resident on the alternate meal. When asked to review the food preferences/likes and dislikes for Residents 63 and 119 he reviewed the meal tracker system and confirmed that there was nothing documented. When asked if he had visited these residents, he stated that he could not recall.The Regional Director of Operations added that the Dietary Manager does not have access to Point Click Care (PCC- electronic documentation system) and only documented in the meal tracker. She stated that the dietitian would also document preferences in the nutrition assessment. The Dietary Manager and the Regional Director of Operations reviewed the meals tracker and the nutritional assessments for Residents 63 and 116 and confirmed that food preferences were not addressed.

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