

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105855	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Ruleme Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2810 Ruleme St Eustis, FL 32726	
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on record review and interview, the facility failed to ensure residents' treatment choice for 1 of 4 residents reviewed, Resident #28. Findings include: Review of Resident #28's physician order dated 6/18/2024 read, [name of palliative care provider]: Resident/resident representative request no further weights to be obtained. Review of Resident #28's weight records revealed the resident's weights were obtained on 7/2/2024 (141.7 pounds), 8/2/2024 (139.5 pounds), 12/4/2024 (128.0 pounds), 10/2/2025 (132.3 pounds), 11/4/2025 (140.5 pounds), 12/4/2025 (139.4 pounds), and 1/7/2026 (133.2 pounds). During an interview on 1/22/2026 at 8:29 AM, Staff A, Licensed Practical Nurse, confirmed Resident #28's representative had requested no more weight to be obtained. Staff A was uncertain why Resident #28's weights had continued to be obtained after Resident #28's representative's request and a physician order not to obtain the weights. During an interview on 1/22/2026 at 10:02 AM, the Director of Nursing confirmed Resident #28 had a physician order for obtaining no more weight.		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to provide a clean and homelike environment in 1 of 2 halls, Hallway 200. Findings include: During an observation of Resident #88's room on 1/20/2026 at 10:22 AM, the bathroom had a brown ring around the toilet, and there was a brown discoloring of a tile located in front of the toilet. During an observation of Resident #83's room on 1/20/2026 at 10:41 AM, the baseboards had a brown and black substance located on top of the baseboards around the entire room. There was black substance underneath and on top of the air conditioner. There was a white cloth with brown substance on the cloth with yellow, black and brown substances and peeling paint all around the top of the air conditioner, with dust like material and cobwebs protruding out of the air conditioner vents. During an interview on 1/20/2026 at 10:41 AM, Resident #83 stated, I never see the housekeeping or maintenance department in the room cleaning under, over, or inside the AC [Air Conditioner] and vents. Every time it pours rain outside, this room floods with water coming from the AC and the AC area itself. The facility puts large commercial grade air blowers in my room to dry the water after they are done attempting to clean it up with rags and mops. During an observation of Resident 123's room on 1/20/2026 at 10:44 AM, there were two large brown spotted streaks on the tile floor in front of and between the wheels of the resident's bed. There were brown spots. There were large scuffs and gashes on the wall, with chipping paint. During an interview on 1/20/2026 at 10:44 AM, Resident 123's Representative stated, My mother was admitted on [DATE] to facility and the brown streaks, the scuffs and gashes on the left side of the walls were already there when she was admitted. I do not feel like this is a home like environment. During an observation of Resident #52's room on 1/20/2026 at 10:46 AM, there was a large round brown substance ring around the toilet and scuffs/gashes in the walls of the resident's room. During an interview on 1/20/2026 at 10:46 AM, Resident #52 stated, The toilet has been like that for a long time. I use a wheelchair for mobility and think the wheelchair scrapes the sides of the wall to make gashes since there is not enough space between the wall and the beds. During an observation of Resident #27's room on 1/20/2026 at 11 AM, there was black substance below the air conditioner and dust around the air conditioning vents. During an interview on 1/20/2026 at 11:01 AM, Resident #27 stated, I have never seen housekeeping or maintenance clean the areas in or around his air conditioner since my admission. During an interview on 1/22/2026 at 11:46 AM, the Regional Maintenance Director and the Acting Maintenance Director acknowledged the environmental concerns in the resident rooms. During an interview on 1/22/2026 at 1:32 PM, the Environmental Director stated, The environmental department is responsible for cleaning baseboards, sweeping and mopping floors in resident rooms, cleaning air conditioning vents, and disinfecting all touchpoints, including bed rails, toilets, and bathrooms. During an interview on 1/21/2026 at 1:46 PM, the Administrator stated that his expectations for a clean homelike environment for each of the resident rooms would include clean baseboards, clean AC filters, vents and clean unstained floor tiles and clean and sanitized bathroom.		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to coordinate assessments for the residents with newly evident or possible serious mental disorder and failed to ensure an accurate Level I Preadmission Screening and Resident Review (PASRR) screen was completed for 1 of 4 residents reviewed for PASRR, Residents #9. Findings include: Review of Resident #9's admission record documented the resident was initially admitted on [DATE] and readmitted on [DATE] with diagnoses that included psychophysiologic insomnia (onset date of 10/23/2025), major depressive disorder (onset date of 3/10/2025), post-traumatic stress disorder (PTSD) (onset date of 3/10/2025), nightmare disorder (onset date of 3/10/2025), and generalized anxiety disorder (onset date of 2/15/2025). Review of Resident #9's psychiatry note dated 11/13/2025 read, History of present illness: [Resident #9's name] is a [AGE] year old male with a psychiatric history of insomnia, depression, anxiety, and PTSD. Review of Resident #9's medical records showed a PASRR dated 12/25/2025, which documented no mental illness under Section I: PASRR Screen Decision-Making. During an interview on 1/21/2025 at 4:07 PM, the Director of Nursing stated, The diagnosis of depression, anxiety and PTSD have to be written on the PASRR. There is no policy for PASRRs.		

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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, interview, and record review, the facility failed to ensure residents received intravenous (IV) therapy consistent with professional standards of practice for 1 of 5 residents reviewed for medication administration, Resident #39. Findings include: During an observation on 1/21/2026 at 2:15 PM, Resident #39 was lying in bed, dressed in a hospital gown. The resident had a PICC (Peripherally Inserted Central Catheter) line on her right upper arm. The PICC line dressing was dated 1/19/2026 and there was a gauze pad under the dressing. Review of Resident #39's physician order dated 12/14/2025 read, PICC Line Right Arm: Change dressing within 24 hours of admission, insertion, or reinsertion and Q7 (every 7) days and PRN [as needed] thereafter using sterile technique. Measure arm circumference and external length of catheter. During an interview on 1/21/2026 at 4:45 PM, Staff C, Licensed Practical Nurse (LPN) Unit Manager, stated that if she were to do a central line dressing change, she would not use gauze, but gauze pads came in the central line dressing kits, and that was probably why Resident #39 had a gauze pad under her transparent PICC line dressing. During an observation on 1/22/2026 at 8:20 AM, Resident #39 had a PICC line on her right upper arm that was covered with a transparent dressing. A gauze pad was observed under the transparent dressing. The dressing was dated 1/19/2026. During an observation on 1/22/2026 at approximately 8:30 AM, Staff B, LPN, obtained a blood pressure reading by applying an electronic blood pressure cuff on Resident #39's right upper arm, directly over her PICC line. During an interview on 1/22/2026 at 11:00 AM, the Director of Nursing (DON) stated that she believed the standard of care was to change a dressing for a central IV line every 72 hours if there was gauze under the transparent dressing. During an interview on 1/22/2026 at 11:20 AM, the DON stated that the expectation was that staff was not to take blood pressure on the arm with a PICC line. During an interview on 1/22/2026 at approximately 2:00 PM, Staff B, LPN, stated that she was aware that it was not standard of care to take a blood pressure reading over a PICC line. Review of the facility policy and procedures titled Central Lines with the last review date of 1/14/2026 read, Guideline: Maintain central line care that is consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered plan, and the resident's goals and preferences. Procedure: 1. The central line should be monitored for patency and signs and symptoms of infection at least daily or per physician orders. Changes in residents' skin, pain, and/or signs of infection should be reported to the physician as soon as practicable. 2. Ensure infection control standards are maintained during the care of the central line including but not limited to: a. Change dressing routinely and per physician orders.		

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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 ensure staff performed hand hygiene during medication administration and used appropriate personal protective equipment (PPE) while providing high contact care to the residents on enhanced barrier precautions (EBP) for 2 of 6 residents reviewed for medication administration, Residents #39 and #51, and failed to ensure respiratory care equipment were stored in a hygienic manner for 2 of 4 residents reviewed for respiratory services, Residents #73 and #98, to prevent the possible spread of infection and communicable diseases. Findings include: 1) During an observation on 1/20/2026 at 10:47 AM, Resident #73's nebulizer mask and tubing was lying on the floor. During an interview on 1/20/2026 at 10:47 AM, Resident #73 stated, I completed the breathing treatment about an hour ago. I take breathing treatments at least 3 times a day. During an observation on 1/20/2026 at 1:57 PM, Resident #73's nebulizer mask and tubing was lying on the floor. Review of Resident #73's physician order dated 4/11/2025 read, Ipratropium-Albuterol Inhalation Solution 0.5&ndash;2.5 (3) mg [milligram]/3 ml [milliliter] (Ipratropium-Albuterol), 3 ml inhale orally four times a day for Chronic Obstructive Pulmonary Disease [COPD]. 2) During an observation on 1/20/2026 at 11:30 AM, Resident #98's nebulizer mask was hanging from the nebulizer machine, not covered, with the medication still in the chamber. During an interview on 1/20/2026 at 11:45 AM, Resident #98 stated that she received her breathing treatment early in the day and did not want to take it right then. During an observation on 1/20/2026 at 2:38 PM, Resident #98's nebulizer mask was hanging from the nebulizer machine, not covered. Review of Resident #98's physician order dated 4/18/2024 read, Ipratropium-Albuterol Inhalation Solution 0.5&ndash;2.5 (3) mg/3 ml (Ipratropium-Albuterol), 3 ml inhale orally every 6 hours as needed for COPD. During an observation on 1/21/2026 at 9:48 AM, Resident #98's nebulizer mask was hanging from the nebulizer machine, not covered. During an interview on 1/21/2026 at 8:55 AM, Staff B, Licensed Practical Nurse (LPN), stated, If residents refuse to take the nebulizer, then the medication should not be placed in the chamber until the resident is ready. The nebulizer needs to be covered after it has dried for storage. During an interview on 1/21/2026 at 9:08 AM, Staff C, LPN Unit Manager, stated, No medication should be left in the nebulizer chamber and the nebulizer mask needs to be covered for infection prevention. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/21/2026 at 4:55 PM, the Director of Nursing stated, The nurse should take the medication in the room and administer the nebulizer at that time and not leave the medication in the nebulizer chamber. The nebulizer has to be covered when not in use. Review of the facility policy and procedures titled Nebulizer with the last review date of 1/14/2026 read, Standard: The purpose of this procedure is to provide guidelines for nebulizer administration. General Guidelines. 4. Store nebulizer in tubing in a hygienic manner when not in use (i.e. labeling bags with date tubing was changed). 3) During an observation on 1/22/2026 at approximately 8:40 AM, Staff B, LPN, picked up an item off of the floor and disposed of it. Without performing hand hygiene, Staff B, LPN, removed Ferrous Sulfate 325 mg tablet from the medication cart and administered it to Resident #39. 4) During an observation on 1/22/2026 at 10:10 AM, Staff C, LPN, crushed four tablets and diluted them in water and administered them to Resident #51 via G-tube (gastrostomy tube). Staff B did not wear a gown for administration of the medication. During an interview on 1/22/2026 at 10:15 AM, Staff B, LPN, stated, When residents are on EBP, appropriate PPE is to be used for any direct contact. If a resident has a G-tube, a gown should be worn during medication administration, as it was direct contact. Staff B confirmed that she had not performed hand hygiene between picking an item up off of the floor, disposing of it, and administering an oral medication to Resident #39. During an interview on 1/22/2026 at 11:00 AM, the Director of Nursing (DON) stated, A gown is to be worn by a nurse administering medications via G-tube, and hand hygiene is to be performed prior to medication administration. Review of the facility policy and procedures titled Enhanced Barrier Precautions with the last review date of 1/14/2026 read, Policy Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents. Policy Interpretation and Implementation. 2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity. 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). Review of the facility policy and procedure titled Medication Administration with the last review date of 1/14/2026 read, Standard: Medications are ordered and administered safely and as prescribed. Procedure. 19. Staff follows established facility infection control procedures (e.g. handwashing, antiseptic technique, gloves, isolation precautions, etc.) for the administration of medications, as applicable.		