

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105860	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Century Center for Rehabilitation and Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 6020 Industrial Blvd Century, FL 32535	
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 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 observations and staff interviews, the facility failed to maintain resident care equipment in a sanitary manner or maintain the walls in a safe manner for 3 of 85 sampled rooms (rooms [ROOM NUMBER]) and maintain handrails and wall cover bases in good condition for 2 of 2 shower rooms sampled (shower room [ROOM NUMBER] and #2). The findings include: 200 hall An observation of the 200 hall handrails and wall near the shower room was conducted in the presence of the Maintenance Director on 2/20/26 at 9:38 AM. The handrails were scuffed with rough edges and the cover base near the floor on the wall was broken. (Photographic evidence obtained) The Maintenance Director stated he would sand the rails and would replace the cover base that day. room [ROOM NUMBER] An observation of room [ROOM NUMBER]'s restroom was conducted on 2/17/26 at 1:37 PM. 1 denture brush and 2 tubes of toothpaste were observed underneath the paper towel dispenser, not labeled or bagged. A follow-up observation of room [ROOM NUMBER]'s restroom was conducted on 2/20/26 at 9:41 AM with the Director of Nursing (DON). The denture brush and toothpastes remained under the paper towel dispenser. She threw the items in the trash and stated the items should be in bags and kept in the resident's drawer. room [ROOM NUMBER] An observation of room [ROOM NUMBER]'s restroom was conducted on 2/17/26 at 1:54 PM. 6 wash basins were stacked on top of each other on the back of the toilet. The basins were not bagged or labeled. A follow-up observation of room [ROOM NUMBER]'s restroom was conducted with the DON on 2/20/26 at 9:44 AM. The DON observed the 6 basins stacked on top of one another on the back of the toilet; she stated they should be labeled and stored in the bottom drawer of the resident. room [ROOM NUMBER] On 2/17/2026 at 12:19 PM, room [ROOM NUMBER] was observed with patches on the wall below the window on the B bed side. There were patches and holes in the wall of the A bed side as well. (Photographic evidence obtained) (continued on next page)		

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	On 2/20/2026 at 10:21 AM, a follow-up interview was conducted with Staff A, Housekeeping (HK). She stated the patches in room [ROOM NUMBER] had been there for over 3 months. On 2/20/2026 at approximately 10:30 AM, the Maintenance Director (MD) toured room [ROOM NUMBER] and looked at the wall patches and stated he had to wait until the residents were moved from the room to paint over the patches. He saw the holes on the wall in room [ROOM NUMBER] by the bathroom and stated he will fix that up today. Shower rooms On 2/20/2026 at 9:21 AM, shower room [ROOM NUMBER] and #2 were toured with Staff A, Housekeeping (HK). Shower room [ROOM NUMBER] had a flickering ceiling light, another ceiling light panel was unhitched, and foam in the shower bed was in disrepair, exposing interior foam. Staff A, HK stated she was not able to properly clean the surface of the shower bed because she was unable to wipe it clean. Shower room [ROOM NUMBER] was then toured. Per Staff A, HK, shower room [ROOM NUMBER]'s heater was not working. She further stated staff told her they need it because it got cold in there for residents. Shower room [ROOM NUMBER] had a linen cart with a rough material covering it. Staff A stated she was unable to wipe it clean. (Photographic evidence was obtained) On 2/20/2026 at 10:03 AM, an interview was conducted with Staff B, a Certified Nurse Assistant (CNA). She stated the heater in shower room [ROOM NUMBER] had not been working for weeks, she could not remember for how long, but most likely for over a month. She stated the residents will complaint they get cold. On 2/20/2026 at 10:24 AM to 10:54 AM, a tour conducted with the MD. He stated he was made aware after the third week of December that the heater was not working in shower room [ROOM NUMBER]. He stated he did not have any estimates for repairs yet, but he was unable to fix it. The MD was shown the foam on the shower bed. He stated he was unaware of it but it he would have been made aware of it; he would had replaced it. He looked at the cover of linen cart at shower room [ROOM NUMBER] that was in disrepair and he stated he was going to be sure it was replaced. The MD entered shower room [ROOM NUMBER] and saw the light panel and stated that looked horrible and he will fix it. He then stated he will place a work order for an electrician for the flickering light. He further stated he will also replace the missing trim by the shower.		