STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106046	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Terrace Healthcare & Rehabilitation Center	7207 SW 24th Ave Gainesville, FL 32608

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on interview and record review, the facility failed to make prompt efforts to resolve grievances and keep residents appropriately apprised of progress toward resolution of grievances for one (Resident #1) of four residents reviewed for grievances.Findings include:Review of the Grievance/Complaint Log from February 2026 through April 2026 documented no grievance by or on behalf of Resident #1.During an interview on 5/04/2026 at 3:55 PM, Resident #1 stated that he had spoken with the Social Services Director about the situation with the heater and his roommate, but he hadn't heard back from her. When he made a complaint he got a lot of lip service but no follow-through. During an interview on 5/05/2026 at approximately 9:00 AM, the DON (Director of Nursing) stated she had received a 6-page grievance for Resident #1 on April 13th [2026]. She confirmed that the grievance had not been documented on the Grievance/Complaint Log. She had not specifically discussed the grievance with Resident #1 or her efforts to address or resolve it.Review of the policy and procedure, titled Grievances, last reviewed on 1/21/2026, read, Policy: It will be the policy of this facility to provide residents, resident representatives, family and visitors with methods of sharing grievances and/ or concerns with the facility. The resident has a right to and the facility will make prompt efforts to resolve grievances. Procedure: 4. The individual filing the grievance has a right to a reasonable expected time frame for completing the review of the grievance, being kept apprised of progress toward a resolution and a right to obtain a written decision regarding his or her grievance.

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