STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1380096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER: **PARK MEADOWS HEALTHCARE & REHABILITATION CENTER**		STREET ADDRESS, CITY, STATE, ZIP CODE: **3250 SW 41ST PLACE , GAINESVILLE, Florida, 32608**	

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N0000	INITIAL COMMENTS An unannounced re-licensure survey and complaint investigation (complaint number 2026004320) was conducted at Park Meadows Healthcare & Rehabilitation Center on April 20, 2026 through April 24, 2025. Deficient practice was identified at the time of the survey.	N0000		
N0054 SS = D	Follow Physician Orders CFR(s): 59A-4.107(5), FAC All physician orders must be followed as prescribed, and if not followed, the reason must be recorded on the resident's medical record during that shift. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to ensure physician orders were followed for 2 of 10 residents reviewed for medication management (Residents #90, and #93), for 2 of 4 reviewed for skin conditions (Residents #112 and #119), for 1 of 4 residents reviewed for therapy services (Resident #16), and for 1 of 7 residents reviewed for nutrition and dining services (Resident #58). Findings include: 1) Review of Resident #93's physician order dated 2/28/2026 read, "Insulin Glargine Solution 100 units per milliliter (units/mL), inject 10 units subcutaneously once daily for diabetes; notify physician for blood sugar less than 70 milligrams per deciliter (mg/dL)." Review of Resident #93's Medication Administration Record (MAR) for administration of Insulin Glargine for March 2026 showed the medication was held by Staff CC, Registered Nurse (RN), on the following dates: 3/2/2026 for blood sugar of 82 mg/dL; 3/3/2026 for blood sugar of 105 mg/dL; 3/6/2026 for blood sugar of 96 mg/dL; 3/9/2026 for blood sugar of 103 mg/dL; 3/10/2026 for blood sugar of 117 mg/dL; 3/11/2026 with no documented blood sugar; 3/13/2026 with no documented blood sugar; 3/15/2026 for blood sugar of 85 mg/dL; 3/16/2026	N0054		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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N0054 SS = D	Continued from page 1 for blood sugar of 79 mg/dL; 3/20/2026 for blood sugar of 107 mg/dL; 3/23/2026 for unavailability; 3/25/2026 for blood sugar of 105 mg/dL; and 3/29/2026 for blood sugar of 84 mg/dL. Review of Resident #93's MAR for administration of Insulin Glargine for April 2026 showed the medication was held by Staff CC, RN, on the following dates: 4/6/2026 for blood sugar of 64 mg/dL; 4/7/2026 for blood sugar of 80 mg/dL; 4/10/2026 with no blood sugar documented; 4/13/2026 with no blood sugar documented; 4/17/2026 for blood sugar of 98 mg/dL; and 4/20/2026 for blood sugar of 77 mg/dL; During an interview on 4/21/2026 at 4:49 PM, Staff CC, RN, stated she misread the physician order, held the insulin, and did not recall notifying the physician. During an interview on 4/22/2026 at 2:55 PM, the Director of Nursing (DON) stated, "It is the expectation that nursing staff follow physician orders when administering medications." During an interview on 4/23/2026 at 11:10 AM, Medical Doctor 2 stated he did not recall being notified that the insulin was being held. 2) During an observation on 4/22/2026 at 8:58 AM, Staff A, Licensed Practical Nurse (LPN), was pouring medication for Resident #90. Staff A crushed Zunveyl Oral Tablet Delayed Release 10 mg (milligram). During an interview on 4/22/2026 at 8:58 AM, Staff A, LPN, was requested to clarify if the medication Zunveyl should be crushed for Resident #90. Staff A stated she would get clarification from the provider. Staff A administered the medication without obtaining clarification from the provider. During an interview on 4/22/2026 at approximately 1:20 PM, Staff A, LPN, stated "I clarified the medication and it is a delayed release medication even though the blister pack do not say it." When asked if the medication should have been crushed, Staff A stated, "It is not enteric coated, its delayed release." Review of Resident #90's physician order dated 2/16/2026 read, "Medications to be started after delivery form pharmacy… May crush meds unless contraindicated and administer together." Review of Resident #90's physician order dated	N0054		

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N0054 SS = D	Continued from page 2 2/26/2026 read, "Zunveyl Oral Tablet Delayed Release 10 MG (Benzgalantamine Gluconate), Give 10 mg by mouth two times a day for Dementia." During an interview on 4/23/2026 at 6:51 AM, the DON stated, "The nurse should not crush delayed release medication. They should first call pharmacy or the doctor to get clarification before giving the medication. The medication should not have been given." Review of the facility policy and procedures titled "Medication Administration" with the last date of 1/28/2026 read, "Policy: It will be the policy of this facility to administer medications in a timely manner and as prescribed by the physician, unless otherwise clinically indicated or necessitated by other circumstances such as lack of availability of medication or refusal of medication by the resident. Procedure: 3. Medications should be administered in a timely manner and in accordance with physician's orders… 5. Should a dosage seem excessive considering the resident's age and medical condition, or a medication order seems to be unrelated to the resident's current diagnosis or medical condition, the person preparing/administering the medication shall contact the resident's physician or the facility's Medical Director for further instructions." 3) During an observation on 4/20/2026 at 10:14 AM, Resident #112 was sitting up in bed. There was a dressing dated 4/16/2026 on the left side of her neck (Photographic evidence obtained). During an interview on 4/20/2026 at 10:14 AM, Resident #112 stated, "Dermatology came to see me and decided to biopsy an area on my neck." During an observation on 4/21/2026 at 8:10 AM, Resident #112 was lying in bed. There was a dressing on the left side of the resident's neck dated 4/16/2026. During an interview on 4/21/2026 at 8:10 AM, Resident #112 stated, "They have not changed my dressing. The nurse said she would change it today." Review of Resident #112's physician order dated 4/15/2026 read, "Wound care left neck- wash with soap and water, pat dry, apply petroleum jelly, cover with nonstick bandage every day shift for biopsy site for 7 days." During an interview on 4/21/2026 at 4:36 PM, Staff	N0054		

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N0054 SS = D	Continued from page 3 W, RN, stated, "I don't remember the date on the dressing." During an interview on 4/21/2026 at 4:46 PM, Staff V, LPN, stated, "I didn't see orders for dressing changes. I know they were talking about a biopsy on her neck today." During an interview on 4/22/2026 at 8:04, Staff B, LPN Wound Care Nurse, stated, "There was a lot going on Saturday [4/18/2026]. Normally when I do wound care, I wait to do it to check it off. I cannot recall what happened." 4) During an observation on 4/20/2026 at 10:16 AM, Resident #119 was sitting in his wheelchair. There was a dressing dated 4/16 on his right knee (Photographic evidence obtained). During an interview on 4/20/2026 at 10:16 AM, Resident #119 stated, "He had fallen at home and had a wound on his right knee." Review of Resident #119's physician order dated 4/14/2026 read, "Cleanse right knee with wound cleanser and apply Iodosorb gel and cover with border gauzes three times a week every day shift every Tue [Tuesday], Thu [Thursday], Sat [Saturday]." During an interview on 4/22/2026 at 8:04 AM, Staff B, LPN Wound Care Nurse, stated, "I did work on 4/18. I did not do his [Resident #119] dressing on Saturday [4/18/2026] because he was up." During an interview on 4/23/2026 at 6:37 AM, the DON stated, "The staff should follow physician orders and do wound care as ordered." Review of the facility policy and procedures titled "Wound Care" with the last review date of 1/28/2026 read, "Policy: It will be the policy of this facility to provide assessment and identification of residents at risk of developing injuries, other wounds and the treatment of skin impairment. Procedure: 6. Wound care procedures and treatments should be performed according to physician orders." 5) During an observation on 4/20/2026 at 10:33 AM, Resident #16 was sitting in a wheelchair next to his bed. The resident was not wearing a splint, or an AFO (Ankle Foot Orthoses). During an observation on 4/21/2026 at 11:05 AM, Resident #16 was sitting in a wheelchair at the nurses' station. The resident was not wearing an	N0054		

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N0054 SS = D	Continued from page 4 AFO. During an interview on 4/22/2026 at 2:52 AM, Staff A, Licensed Practical Nurse (LPN), stated, "[Resident #16's name] is often up in his wheelchair when I come in at 7:00 AM and is not always wearing his AFO." Staff A was not able to provide any specific dates. During an observation on 4/22/2026 at 3:00 PM, Resident #16 was lying in bed. The resident was not wearing an AFO. There was an AFO stored on a shelf in the closet. Review of Resident #16's physician order dated 1/28/2026 read, "Apply orthosis to right ankle following restorative nursing program. Monitor skin integrity when applying and removing." The order was discontinued on 4/2/2026. Review of Resident #16's physician order dated 4/2/2026 read, "Apply R [right] ankle orthosis (AFO) during transfers and when OOB [out of bed] to improve positioning. Monitor for skin integrity." During an interview on 4/23/2026 at 10:00 AM, the Director of Rehab stated, "[Resident #16's name] AFO is to be applied when he is getting up with the mechanical sit to stand, and remain on to stabilize the position [of his foot/lower leg]. [Resident #16's name] has been on physical therapy case load. In January, the [physical] therapist turned the AFO application over to the Restorative team." During an interview on 4/23/2026 at 10:15 AM, Staff H, LPN Unit Manager, stated, "PT [Physical Therapy] gave their recommendations to the two restorative aids. If it is a new skill for applying splints for a resident, therapy will work with the restorative aids for training. The Unit Manager will then give approval for the task to be taken on independently by the Restorative Aids." Review of Resident #16's Task List or application of AFO for April 2026 showed X was documented from 4/2/2026 through 4/8/2026 and no entry on 4/20/2026 and 4/22/2026. During an interview on 4/23/2026 at 10:40 AM, Staff Q, Restorative Certified Nursing Assistant (CNA), stated that Restorative was not applying Resident #16's AFO; they were working with him and applying the carrot for his right hand. Resident #16 liked his foot brace and his carrot, and when he saw her, he would raise his leg or arm up indicating he wanted her to put on his AFO and his carrot.	N0054		

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N0054 SS = D	Continued from page 5 During an interview on 4/23/2026 at 11:05 AM, Staff R, CNA, stated that she knew Resident #16 was supposed to have his AFO on when transferring, but she sometimes took it off when he was sitting up in his wheelchair because she thought he did not like to wear it. Review of the facility policy and procedures titled "Contracture Management" with the last review date of 1/28/2026 reed, "Policy: It will be the policy of this facility that the facility must ensure that a resident with a limited range of motion (ROM) receives appropriate treatment to increase range of motion and/or prevent further decrease in ROM. A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. Procedure: 3. Treatment may include, restorative nursing programs, positioning or splinting to prevent further loss of ROM. 4. If splinting is used, a schedule for wearing the splint must be developed... 5. Application of devices should be documented in the clinical record and should be present in the plan of care." 6) During an observation on 4/20/2026 at 10:05 AM, Resident #58 was lying in bed. The resident's tube feeding pump was alarming. The bottle of enteral feeding was dated 4/18/2026, and the bag of water attached was dated 4/15/2026 (Photographic evidence obtained). During an interview on 4/22/2026 at 10:20 AM, Staff A, Licensed Practical Nurse (LPN), stated that more than likely when the bottle of enteral feeding was low, they would change the set-up. Changing [of the bottle and tubing] was based on what was left in the bottle. She thought the set-up was good for 24 hours. She would look at what time it was actually hung. During an observation on 4/22/2026 at 2:40 PM, Staff A, LPN, attached the tubing for the enteral feeding, set the feeding pump according to the order and started the pump. Staff A did not check for residual prior to the initiation of the enteral feeding. During an interview on 4/22/2026 at 2:50 PM, Staff A, LPN, stated that she did not check for residual for Resident #58's G-tube (Gastrostomy) prior to medication administration or prior to the initiation of her enteral feeding. During an interview on 4/22/2026 at approximately	N0054		

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N0054 SS = D	Continued from page 6 4:00 PM, the Director of Nursing (DON) stated that tube feeding set-ups (tubing enteral feeding and water flush) should be changed every day. The expectation was that the nurse would confirm placement of the feeding tube which included checking for residual. Review of Resident #58's physician order dated 11/12/2025 read, "Enteral Feed Order every shift Jevity 1.5 at 50 cc [cubic centimeter]/hour via feeding tube for 20 hours with autoflush at 50 cc/hour for 20 hours. On at 1400 [2:00 AM] and off at 1000 [10:00 AM]." Review of Resident #58's physician order dated 3/29/2026 read, "Check tube residual to verify placement prior to administration of feeding, prior to administration of medication, and prior to flush. If residual is 100 ML [milliliter] or more, hold feeding and notify physician every shift," Review of Resident #58's physician order dated 3/29/2026 read, "May be off feeding tube/pump for short periods of time for ADL [Activities of Daily Living] care, activities, or appointments" Review of the facility policy and procedures titled "Enteral Tube Feeding" with the last review date of 1/28/2026 read, "Policy: It will be the policy of this facility to provide nourishment to the resident who is unable to obtain adequate nourishment orally via use of enteral tube feeding. Procedure: 3. Verify/obtain orders related to water flushes per shift for additional hydration, auto- flush for additional hydration, flushes prior to and after medication administration. Standard order for flushes prior to and after medication administration should be 30-50 mL or as ordered by physician. Flushes between medications administered are 5-10 mL or as ordered by physician. 7. Verify placement of feeding tube and gastric residual volumes per physician orders or as needed. 9. For residents receiving enteral tube feeding with the use of a pump or via gravity infusion - Replace infusion sets every 24 hours for open tube systems or 48 hours for closed tube feed systems or per manufacturer's guidelines." Class III	N0054		
N0072 SS = D	Comprehensive Care Plans CFR(s): 59A-4.109(2), FAC; 59A-4.109 FAC	N0072		

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N0072 SS = D	Continued from page 7 (2) The nursing home licensee develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and social well-being. The care plan must be completed within 7 days after completion of the resident assessment. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident-centered care plans were developed for 4 of 33 residents reviewed (Residents #11, #58, #39, and #112). Findings include: 1) Review of Resident #11's admission record showed the resident was admitted on 1/15/2018 and readmitted on 4/2/2025 with medical diagnoses to include hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, overactive bladder, and other artificial openings of urinary tract status, and acute candidiasis of vulva and vagina. Review of Resident #11's care plan read, "Focus: The resident has an artificial opening for bowel elimination (ostomy). Date initiated: 11/27/2025. Revision on: 03/05/2026. Interventions: Report any changes in bowel output to nurse such as swollen abdomen, resident complaining of pain, any change in color or consistency of the output." During an interview on 4/23/2026 at approximately 11:45 AM, Staff C, Minimum Data Set (MDS) Licensed Practical Nurse (LPN), stated, "[Resident #11's name] had a nephrostomy catheter inserted. It was an error that [Resident #11's name] care plan had a focus area for a colostomy. [Resident #11's name] did not have a colostomy." During an interview on 4/23/2026 at 12:45 PM, the Director of Nursing (DON) stated, "[Resident #11's name] did not have a colostomy. She had a nephrostomy." 2) Review of Resident #58's admission record showed the resident was admitted on 9/4/2009 and readmitted on 10/17/2025 with diagnoses to include pulmonary fibrosis, morbid (severe) obesity due to	N0072		

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N0072 SS = D	Continued from page 8 excess calories, moderate protein-calorie malnutrition, feeding difficulties, malignant neoplasm of glottis, dysphagia, and gastro-esophageal reflux disease without esophagitis. Review of Resident #58's care plan read, "Focus: [Resident #58's name] is a smoker/tobacco user. Date initiated 05/05/2016. Revision on: 03/14/2023." During an interview on 4/21/2026 at 8:37 AM, Resident #58 stated that she used to be a smoker but no longer smoked. During an interview on 4/22/2026 at 2:35 PM, Staff A, LPN, stated that Resident #58 did not get out of bed or go outside to smoke. During an interview on 4/23/2026 at 12:45 PM, the DON stated Resident #58 used to be a heavy smoker. She got up in the chair if she wanted, but she was mostly in bed. The DON confirmed that Resident #58 had not had a recent smoking evaluation because she no longer was an active smoker. 3) Review of Resident #39's admission record showed the resident was admitted on 7/8/2022 and readmitted on 10/23/2023 with diagnoses to include hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, other seizures, other specified disorders of brain, unspecified dementia of unspecified severity with other behavioral disturbance, and restlessness and agitation. Review of Resident #39's care plan read, "Focus: [Resident #39's name] has self care deficits AEB [as evidenced by] the needs for assistance for all ADL's [activities of daily living] care tasks. Resident needs help with dressing, grooming, bathing R/T [related to]: CVA [cerebrovascular accident] with (R) [right] hemiparesis/hemiplegia. Date initiated: 08/11/2022. Revision on: 0/21/2025. Interventions: Provide hands on assistance with dressing, grooming, bathing as needed." During an interview on 4/21/2026 at 3:00 PM, Staff G, LPN, stated, "[Resident #39's name] is mostly independent. He is pretty steady. He moves on his own, and he shaves himself. His last care plan was done in June of 2025." During an interview on 4/21/2026 at 3:13 PM, Staff H, LPN Unit Manager, stated that Resident #39 was mostly independent.	N0072		

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N0072 SS = D	Continued from page 9 During an interview on 4/21/2026 at 3:15 PM, Staff C, MDS LPN stated that shaving was part of personal hygiene in the MDS Assessment. Resident #39 had his last MDS Assessment on 3/16/2026 and he was assessed as independent for personal hygiene. Staff C confirmed that Resident #39 had care plan focus areas that documented he needed assistance with all ADL activities. During an interview on 4/21/2026 at 4:45 PM, the DON confirmed that the most recent date of a care plan for Resident #39 was 6/29/2025 and that the focus areas in his care plan related to ADLs documented that he needed assistance. The DON stated that MDS assessments and care plans needed to align. During an interview on 4/22/2026 at 9:01 AM, Resident #39 stated, "I have to obtain a razor from CNAs [Certified Nursing Assistants], but I get out of bed and shave on my own." During an interview on 4/22/2026 at approximately 4:45 PM, Staff C, MDS LPN, stated, "The care plans in the facility are all jacked up. We are aware that the residents' care plans were not up to date." During an interview on 4/23/2026 at 12:45 PM, the DON stated she was aware that there was a lot wrong with residents' care plans and there had been a lot of staff turnover in the MDS office. 4) During an interview conducted in Spanish on 4/20/2026 at 10:05 AM, Resident #112 stated that he did not speak English, she did not understand English and needed an interpreter when staff came to speak to her. Review of Resident #112's care plan did not show a focus for communication. Review of Resident #112's skin exam dated 4/15/2026 read, "History of Present Illness: Patient does not speak English, translator used through [name of an application] app and patient's son via the telephone." During an interview on 4/22/2026 at 1:41 PM, Staff T, LPN Unit Manager, stated, "[Resident #112's name] doesn't speak much English. She would prefer Spanish. Her son is at bedside at times; if not, we will get staff to translate." During an interview on 4/22/2026 at 1:43 PM, Staff U, Certified Nursing Assistant (CNA), stated, "[Resident #112's name] is a Spanish-speaking	N0072		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK MEADOWS HEALTHCARE & REHABILITATION CENTER	3250 SW 41ST PLACE , GAINESVILLE, Florida, 32608

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
N0072 SS = D	Continued from page 10 resident. I can understand a little bit of Spanish and if not, I will have another staff translate for me." During an interview on 4/23/2026 at 6:39 AM, the DON stated, "Resident #112's name] speaks more Spanish than English." During an interview on 4/23/2026 at 10:22 AM, Staff D, MDS LPN, stated, "[Resident #112's name] is Spanish speaking only. I don't see a focus for communication in her care plan. It will need to be added." Review of the facility policy and procedure titled "Comprehensive Assessments and Care Plan" with the last review date of 1/28/2026 read, "Standard: It will be the standard of this facility to make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. Guidelines: 10. The plan of care reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. 11. The services provided or arranged by the facility, as outlined by the comprehensive care plan, will be provided by qualified persons in accordance with each resident's written plan of care and will also be culturally-competent and trauma-informed." Class III	N0072		
N0101 SS = D	Resident Medical Records CFR(s): 400.141(1)(j), FS; 59A-4.118(2), FAC 400.141(1)(j) FS Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized. 59A-4.118(2) FAC	N0101		

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N0101 SS = D	Continued from page 11 Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to ensure complete and accurate medical records for 2 of 4 residents reviewed for skin conditions (Residents #112 and #119). Findings include: 1) During an observation on 4/20/2026 at 10:14 AM, Resident #112 was sitting up in bed. There was a dressing dated 4/16/2026 on the left side of her neck (Photographic evidence obtained). During an interview on 4/20/2026 at 10:14 AM, Resident #112 stated, "Dermatology came to see me and decided to biopsy an area on my neck." During an observation on 4/21/2026 at 8:10 AM, Resident #112 was lying in bed. There was a dressing on the left side of the resident's neck dated 4/16/2026. During an interview on 4/21/2026 at 8:10 AM, Resident #112 stated, "They have not changed my dressing. The nurse said she would change it today." Review of Resident #112's physician order dated 4/15/2026 read, "Wound care left neck- wash with soap and water, pat dry, apply petroleum jelly, cover with nonstick bandage every day shift for biopsy site for 7 days." Review of Resident #112's Treatment Administration Record for April 2026 for left neck wound care showed wound care was performed on 4/17/2026, 4/18/2026, and 4/20/2026. During an interview on 4/21/2026 at 4:36 PM, Staff W, Registered Nurse (RN), stated, "I don't remember the date on the dressing when I changed it today [4/21/2026]." During an interview on 4/21/2026 at 4:46 PM, Staff V, Licensed Practical Nurse (LPN), stated, "I didn't see orders for dressing changes. I know they were talking about a biopsy on her neck today. I am not sure why I checked it off it was probably a mistake." During an interview on 4/22/2026 at 8:04 AM, Staff	N0101		

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N0101 SS = D	Continued from page 12 B, LPN Wound Care Nurse, stated, "There was a lot going on Saturday [4/18/2026]. Normally, when I do wound care, I wait to do it to check it off. I cannot recall what happened." 2) During an observation on 4/20/2026 at 10:16 AM, Resident #119 was sitting in his wheelchair. There was a dressing dated 4/16 on his right knee (Photographic evidence obtained). During an interview on 4/20/2026 at 10:16 AM, Resident #119 stated, "He had fallen at home and had a wound on his right knee." Review of Resident #119's physician order dated 4/14/2026 read, "Cleanse right knee with wound cleanser and apply Iodosorb gel and cover with border gauzes three times a week every day shift every Tue [Tuesday], Thu [Thursday], Sat [Saturday]." Review of Resident #119's Treatment Administration Record for April 2026 for right knee wound care showed the wound care was provided on 4/18/2026. During an interview on 4/22/2026 at 8:04 AM, Staff B, LPN Wound Care Nurse, stated, "I did work on 4/18. I did not do his dressing on Saturday [4/18/2026] because he was up. I am trying to think what happened. My days are blurred. I don't remember what happened on Friday. That was the day I had to wait to get relieved and do the dining room and there was a lot of things going on for me." During an interview on 4/23/2026 at 6:37 AM, the Director of Nursing stated, "The staff's documentation should be accurate and not check off wound care as completed unless it is done." Review of the facility policy and procedures titled "Charting and Documentation" with the last review date of 1/28/2026 read, "Policy: It is the policy of this facility that services provided to the resident, or any changes in the resident's medical condition, shall be documented in the resident's clinical record as is needed." Class III	N0101		
N0110 SS = D	Physical Environment - Safe, Clean, Homelike CFR(s): 400.141(1)(h) FS; 59A-4.122(1) FAC 400.141(1)(h) FS Maintain the facility premises and equipment and	N0110		

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NAME OF PROVIDER OR SUPPLIER: PARK MEADOWS HEALTHCARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 3250 SW 41ST PLACE , GAINESVILLE, Florida, 32608	

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N0110 SS = D	Continued from page 13 conduct its operations in a safe and sanitary manner. 59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a safe and clean homelike environment for 2 of 5 residents reviewed, Residents #87 and #66. Findings include: 1) During an observation on 4/20/2026 at 1:45 PM, Resident #87 had his right arm in a splint and was using his left arm and hand to move items in the room. The pull string to turn on the light over the resident's bed was not within reach of the resident. The pull string does not reach the bed (Photographic evidence obtained). During an interview on 4/20/2026 at 1:45 PM, Resident #87 voiced concerns about not being able to reach the pull string to turn on the light that was over his bed. He commented he had spoken to maintenance and administration. Review of Resident #87's admission record showed the resident was admitted on 5/1/2025 with diagnoses to include hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominant side. During an observation on 4/21/2026 at approximately 1:00 PM, the pull string to the light over Resident #87's bed was not within reach of the resident. During an observation on 4/22/2026 at approximately 9:30 AM, the pull string to the light over Resident #87's bed was not within reach of the resident. During an interview on 4/24/2026 at 10:21 AM, the Administrator stated, "I did observe the light string was not close enough to his [Resident #87's] bed to accommodate his needs and needs to be modified to make it longer."	N0110		

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N0110 SS = D	Continued from page 14 2) During an observation on 4/21/2026 at 10:21 AM, there was a black colored substance around the base of the toilet in Resident #66's room (Photographic evidence obtained). During an interview on 4/22/2026 at 8:38 AM, the Environmental Services Director (ESD) stated, "The rooms in the memory care unit are cleaned twice a day, once in the morning and once in the afternoon." The ESD verified there was a black colored substance around the base of the toilet in Resident #66's bathroom. During an interview on 4/22/2026 at 8:42 AM, Staff BB, Certified Nursing Assistant, stated, "Housekeeping cleans twice a day and are very good. When it's clean it's nice [Resident #66's bathroom] but will wear off. The men in Resident #66's room will urinate on the floor." Class III	N0110		
N0201 SS = D	Right to Adequate and Appropriate Health Care CFR(s): 400.022(1)(l), FS (l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents received appropriate health care services consistent with established practice standards. The facility failed to ensure staff used appropriate Personal Protective Equipment (PPE) when entering a contact precautions room for 1 of 3 residents reviewed for transmission-based precautions (Resident #41), failed to ensure staff performed hand hygiene while administering medication administration and providing care for 3 of 8 residents reviewed (Residents #1, #11, and #90), and failed to ensure respiratory care equipment were appropriately maintained for 2 of 4 residents reviewed for respiratory services (Residents #12 and #97). Findings include:	N0201		

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N0201 SS = D	Continued from page 15 1) During an observation on 4/21/2026 at 11:18 AM, Staff AA, Licensed Practical Nurse (LPN), entered Resident #41's room. Staff AA did not wear a gown or gloves. Resident #41's room had a contact-precaution sign posted on the door and a bin with PPE outside of the room. During an interview on 4/21/2026 at 11:30 AM, Staff AA, LPN, stated, "I forgot. I saw the light and went in. I know I should were gloves and gown before entering." Review of Resident #41's physician order dated 12/16/2025 read, "Contact isolation - Candida Auris. All care provided in room every shift." During an interview on 4/23/2026 at 4:07 PM, the Assistant Director of Nursing/Infection Preventionist stated, "Staff should be wearing gown and gloves before entering the room even if it is to answer a call light because you don't know what might happened in there." During an interview on 4/24/2026 at 8:24 AM, the Director of Nursing stated, "The staff should follow the contact precautions guidelines and put on gown and gloves before entering the resident room." Review of the facility policy and procedures titled "Transmission-Based Precautions" with the last review date of 1/28/2026 read, "Contact- direct contact with skin, or indirect contact with contaminated surfaces, and physical transfer of organism (usually on the hands of healthcare workers) from an infected or colonized person to a susceptible host. Guidelines for Contact Precautions… Gowns: 1. Don gown upon entry into the room or cubicle." 2) During an observation on 4/22/2026 at 8:58 AM, Staff A, LPN, was preparing Resident #90's medications. Staff A was crushing acetaminophen. The package fell on the floor. Staff A proceeded to pick up the package from the floor. Staff A proceeded to dispose of the medication and clear medication plastic. Staff A did not wash her hands and proceeded to pour acetaminophen again and crush the medication. Staff A administered the medication to the resident without washing her hands. During an interview on 4/22/2026 at 9:16 AM, Staff A, LPN, stated, "I did not do hand hygiene because I touched the package by the top and threw it away immediately."	N0201		

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N0201 SS = D	Continued from page 16 During an interview on 4/23/2026 at 6:37 AM, the Director of Nursing stated, "Staff should perform hand hygiene after picking anything off the floor before resuming to pour medication for a resident." 3) During an observation on 4/20/2026 at 10:23 AM, Resident #97 was resting with her eyes closed. The nasal cannula tubing was on the floor. The tubing was dated 4/19/2026 (Photographic evidence obtained). During an observation on 4/21/2026 at 8:19 AM, Resident #97 was resting in bed. The nasal cannula was wrapped on the bed rail. The oxygen tubing was dated 4/19/2026. During an observation on 4/22/2026 at 8:36 AM, Resident #97 was lying in bed, with oxygen being administered by nasal cannula. The nasal cannula was dated 4/19/2026. 4) During an observation on 4/20/2026 9:53 AM, Resident #12 was sitting up in bed. The oxygen tubing connected to the trach mask was dated 4/5 (Photographic evidence obtained). During an observation on 4/21/2026 at 8:10 AM, Resident #12 was lying in bed, with oxygen being administered via the trach mask. The oxygen tubing was dated 4/5. During an interview on 4/22/2026 at 8:37 AM, Staff W, Registered Nurse (RN), stated, "Oxygen tubing should be stored in a respiratory bag when not in use. If it falls on the floor, it should be changed and the tubing is changed every week." During an interview on 4/23/2026 at 6:50 AM, the Director of Nursing stated, "The tubing is to be changed weekly on Sundays. If the tubing is not in use, it should be stored in a bag and if it falls on the floor it should be replaced." Review of the facility policy and procedures titled "Oxygen Administration" with the last review date of 1/28/2026 read, "Policy: It is the policy of this facility to provide guidelines for safe oxygen administration. Procedure: 3. Assemble the equipment and supplies as needed. 7. Weekly oxygen tubing changes can be documented in the medical record as a reminder to the staff but is only required to have tubing dated appropriately demonstrating that the tubing was changed." 5) During an observation on 4/22/2026 at 11:26 AM,	N0201		

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N0201 SS = D	Continued from page 17 Staff B, LPN Wound Care Nurse, cleaned Resident #1's wound and disposed of the soiled gauze and the soiled gloves. Without performing hand hygiene, Staff B donned a clean pair of gloves and applied the wound dressing. During an interview on 4/22/2026 at 2:32 PM, Staff B, LPN Wound Care Nurse, stated that maybe she should have washed her hands when she changed her gloves during Resident #1's wound care. Review of Resident #1's physician order dated 4/14/2026 read, "Cleanse sacrum with wound cleanser and apply anti-microbial (AMD) and cover with ABD once daily every day shift." 6) During an observation on 4/23/2026 at 2:10 PM, Staff A, LPN, performed nephrostomy catheter dressing change for Resident #11. After removing the soiled dressing, Staff A removed the soiled gloves. Staff A did not perform hand hygiene and donned a clean pair of gloves to clean the nephrostomy catheter insertion site. After cleaning the catheter insertion site, Staff A removed the soiled gloves. Without performing hand hygiene, Staff A donned a clean pair of gloves and applied a transparent dressing over the nephrostomy catheter insertion site. During an interview on 4/23/2026 at 2:17 PM, Staff A, LPN, confirmed that she did not perform hand hygiene after removing the soiled gloves and reapplying clean gloves twice during nephrostomy catheter dressing change. During an interview on 4/23/2026 at 12:50 PM, the Director of Nursing stated that nurses should wash their hands after removing soiled gloves, before putting on clean gloves while doing wound care or a dressing change. Review of Resident #11's physician order dated 12/18/2025 read, "Change nephrostomy dressing q [every] night and prn [as needed]. Observe for s/s [sign and symptoms] of infection every night shift." Review of the facility policy and procedures titled "Hand Hygiene" with the last review date of 1/28/2026 read, "Policy: This facility considers hand hygiene the primary means to prevent the spread of infections. Procedure: 2. All personnel shall follow the handwashing /hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 5. Use of an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or	N0201		

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N0201 SS = D	Continued from page 18 non-antimicrobial) and water for the following situations: h. Before moving from a contaminated body site to a clean body site during resident care; k. After handling used dressings, contaminated equipment, etc.; m. After removing gloves. 7. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections." Class III	N0201		
N0216 SS = D	Health and Safety of Resident CFR(s): 400.102(1), FS In addition to the grounds listed in part II of chapter 408, any of the following conditions shall be grounds for action by the agency against a licensee: (1) An intentional or negligent act materially affecting the health or safety of residents of the facility; This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and interview, the facility failed to ensure a safe and hazard-free environment for 1 of 4 residents reviewed (Resident #39). Findings include: During an observation on 4/20/2026 at 10:15 AM, there was a disposable razor on the back of Resident #39's bathroom sink (Photographic evidence obtained). During an observation on 4/21/2026 at 1:25 PM, there was a black disposable razor on the sink in Resident #39's bathroom. During an interview on 4/21/2026 at 1:27 PM, Staff F, Certified Nursing Assistant (CNA), stated that Resident #39 was using the razor earlier that day, and Resident #39 was somewhat independent. During an interview on 4/21/2026 at 3:00 PM, Staff G, Licensed Practical Nurse (LPN), stated that Resident #39 was mostly independent, he was steady, he moved on his own, and he shaved himself. During an interview on 4/21/2026 at 3:13 PM, Staff H, LPN Unit Manager, stated that Resident #39 was mostly independent. Residents should be observed	N0216		

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N0216 SS = D	Continued from page 19 while shaving and the razor should be disposed of after the resident shaved. During an interview on 4/21/2026 at 4:45 PM, the Director of Nursing (DON) stated that Resident #39 should be observed while shaving. The CNA would have known he was shaving as she would have had to give the razor to Resident #39 and she should have picked it up after he was finished. During an interview on 4/22/2026 at 9:01 AM Resident #39 stated that he did not shave today and did not have a razor in his room. He had to obtain a razor from the CNAs. Staff did not observe him when he was shaving and did not always pick up the razor after he used it. His bathroom was shared with his roommate. Other residents did have access to the bathroom. Review of the facility policy and procedures titled "Disposable Resident Care Product Utilization" with the last review date of 1/28/2026 read, "Policy: It is the policy of this facility to ensure products utilized for the provision of personalized resident care are available, utilized appropriately and discarded when no longer needed. Procedure: 6. When the disposable item is no longer needed it should be discarded in the appropriate receptacle. Razors must be discarded in the Sharps Container." Class III	N0216		
ZZ875 SS = D	Alzheimer disease/dementia; Training CFR(s): 430.5025(4 & 7-9) (4) Employees of covered providers must complete the following training for Alzheimer's disease and related forms of dementia: (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have Alzheimer's disease or related forms of dementia. (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of dementia, how to identify the signs and symptoms of	ZZ875		

Florida Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1380096	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER **PARK MEADOWS HEALTHCARE & REHABILITATION CENTER**		STREET ADDRESS, CITY, STATE, ZIP CODE **3250 SW 41ST PLACE , GAINESVILLE, Florida, 32608**	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
ZZ875 SS = D	Continued from page 20 dementia, and skills for communicating and interacting with persons with Alzheimer ' s disease or related forms of dementia. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with Alzheimer's disease or related forms of dementia, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).	ZZ875		

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ZZ875 SS = D	Continued from page 21 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training. Such training must include, but is not limited to, understanding Alzheimer's disease and related forms of dementia, the stages of Alzheimer's disease, communication strategies, medical information, and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person with Alzheimer's disease or a related form of dementia. The continuing education must cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning technology chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.	ZZ875		

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NAME OF PROVIDER OR SUPPLIER **PARK MEADOWS HEALTHCARE & REHABILITATION CENTER**		STREET ADDRESS, CITY, STATE, ZIP CODE **3250 SW 41ST PLACE , GAINESVILLE, Florida, 32608**	

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ZZ875 SS = D	Continued from page 22 (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, contracted, or referred to provide services before July 1, 2023, must complete the training required in this section before July 1, 2026. Proof of completion of equivalent training completed before July 1, 2023, shall substitute for the training required in subsection (4). Each person employed, contracted, or referred to provide services on or after July 1, 2023, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 10 employees sampled, (Staff O, Certified Nursing Assistant, and Staff F, Certified Nursing Assistant), completed the training for Alzheimer's disease and related forms of dementia approved by Department of Elderly Affairs. Findings include: Review of employee records on 4/25/2026 revealed Staff O, Certified Nursing Assistant, hired on 1/9/2025, and Staff F, Certified Nursing Assistant, hired on 7/2/2014, showed no documentation for completion of one hour training on Alzheimer's disease and related forms of dementia as approved by Department of Elderly Affairs. During an interview on 4/24/2026 at 10:50 AM, the Assistant Director of Nursing, Staff Educator, stated that two of ten employee training courses were missing the one-hour Alzheimer's training. Class III	ZZ875		