

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105193	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED B. WING	(X3) DATE SURVEY COMPLETED 06/02/2026
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
K0000 Bldg. 01	<p>INITIAL COMMENTS</p> <p>An unannounced fire and life safety revisit survey was conducted on June 2, 2026 at Park Meadows Healthcare & Rehabilitation Center, a nursing home in Gainesville, Florida. This was a follow-up to the recertification survey completed on April 23, 2026.</p> <p>Park Meadows Healthcare & Rehabilitation Center is not in compliance with 42 CFR 483.90 (a) & (b), and National Fire Protection Association (NFPA) 101(2012 edition) and Tentative Interim Amendments (TIA's) 12-1,12-2,12-3, and 12-4. NFPA 99 (2012 edition) and Tentative Interim Amendments TIA's 12-2, 12-3, 12-4, 12- 5 and 12-6 requirements for nursing homes.</p> <p>The following is description of the noncompliance.</p>	K0000		
K0372 SS = E Bldg. 01	<p>Subdivision of Building Spaces - Smoke Barrie</p> <p>CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction</p> <p>2012 EXISTING</p> <p>Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.</p> <p>19.3.7.3, 8.6.7.1(1)</p> <p>Describe any mechanical smoke control system in REMARKS.</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to maintain penetrations through smoke/fire rated enclosures. This, in the event of a fire, can result in smoke, flammable gasses to spread to other unaffected areas of the building, and for the</p>	K0372		

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 reverse for further 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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K0372 SS = E Bldg. 01	Continued from page 1 smoke/fire rated construction to fail to perform as designed. This deficient practice affects 2 out of 6 smoke compartments. Findings include: During an interview on 6/2/2026 at 2:05 PM, the Maintenance Director stated that the facility used some insulation to pack the hole and cover it with fiberglass to correct the penetrations in general storage rooms in smoke compartments 1, 2, and 3. The Maintenance Director could not disclose if this was approved material used to correct fire-rated walls. During an observation on 6/2/2026 at 2:10 PM, the penetrations were covered in fiberglass. One General storage room in smoke compartment 2 had a hole in one of the panels of the fiberglass. NFPA 101 (2012 Edition): 19.3.7.3	K0372		
K0921 SS = E Bldg. 01	Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	K0921		

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K0921 SS = E Bldg. 01	<p>Continued from page 2 This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to properly inspect fixed patient care electrical equipment, a requirement of NFPA 99. Failure to test medical equipment in patient care area could result in electrical shock or possible death to residents and/or staff. This deficient practice affects 2 of 6 smoke compartments.</p> <p>Findings include:</p> <p>During an observation on 6/2/2026 at 2:20 PM, in Resident #103's Room, the bedside remote had two types of insulation and exposed wiring. Resident #70's Room had the call button receptacle exposing low voltage conductors. During an interview on 6/2/2026 at 2:20 PM, the Maintenance Director stated, "We just got a new shipment of bed remotes and have not replaced them yet." The Maintenance Director acknowledged the findings in Resident #70's Room. NFPA 99 (2012 Edition): 10.3, 10.5.2.1</p>	K0921		

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E0000	<p>Initial Comments</p> <p>During the revisit to Fire and Life Safety recertification survey conducted on June 2, 2026 at Park Meadows Healthcare & Rehabilitation Center, a nursing home, Emergency Preparedness was reviewed.</p> <p>Park Meadows Healthcare & Rehabilitation Center is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E0000			

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