

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

Printed: 05/21/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105638	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 SW 16th Ave Gainesville, FL 32601	
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 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50123</p> <p>Based on record review and interview, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurate for 1 of 2 residents reviewed for mood and behavior, Resident #74.</p> <p>Findings include:</p> <p>Review of Resident #74's Quarterly MDS dated [DATE] showed the resident was not taking antiplatelet medication under Section N0415- High Risk Drug Classes Use and Indication.</p> <p>Review of Resident #74's physician orders showed the resident had a current order for Plavix 75 milligrams by mouth once daily ordered on 5/22/2022.</p> <p>During an interview on 11/13/2024 at 10:00 AM, the Minimum Data Set (MDS) Coordinator verified Resident #74 had an order for Plavix 75 milligrams one tablet one time per day ordered on 5/22/2022. The MDS Coordinator stated that it should have been documented in section N of the current MDS.</p>		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105638	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 SW 16th Ave Gainesville, FL 32601	
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 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 15234</p> <p>Based on record review and interview, the facility failed to ensure an accurate Level I Preadmission Screening and Resident Review (PASRR) screen was completed for 1 of 4 residents who were diagnosed with serious mental disorder, Resident #24.</p> <p>Findings include:</p> <p>Review of Resident #24's Level I PASRR dated 9/19/2023 showed no mental illness documented in Section I: PASRR Screen Decision-Making.</p> <p>Review of Resident #24's admission record showed the resident was initially admitted on [DATE], with diagnoses that included generalized anxiety disorder (onset date 9/28/2023) and unspecified psychosis not due to a substance or known physiological condition (onset date 9/19/2023).</p> <p>Review of Resident #24's clinical records showed no documentation that Resident #24's diagnoses of generalized anxiety disorder and unspecified psychosis not due to a substance or known physiological condition had been included on an updated Level I PASRR.</p> <p>During an interview on 11/14/2024 at 10:24 AM, the Director of Nursing confirmed Resident #24's mental health diagnoses had not been included on the PASRR completed 9/19/2023. She confirmed that a revised PASRR that documented Resident #24's mental health diagnoses and had not been completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105638	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/15/2024
NAME OF PROVIDER OR SUPPLIER  Parklands Care Center and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 SW 16th Ave Gainesville, FL 32601	
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  50123  Based on observation, interview, and policy and procedure review, the facility failed to ensure staff used proper personal protective equipment (PPE) for administration of medications through subcutaneous injection to prevent the possible spread of infection and communicable diseases.  Findings include:  During an observation on 11/13/2024 at 6:00 AM, Staff A, Licensed Practical Nurse (LPN), began to prepare Resident #13's medications without performing hand hygiene. Staff A entered the resident's room with Tresiba FlexTouch 100 unit/ml Solution Pen Injector. Staff A proceeded to clean injection site with an alcohol pad and administered the medication. Staff A did not don gloves while administering the medication.  During an interview on 11/13/2024 at 6:10 AM, Staff A, LPN, stated, I should have worn gloves.  During an interview on 11/13/2024 at 7:30 AM, the Director of Nursing (DON) stated, They should perform hand hygiene, don gloves, perform the injection, and then perform hand hygiene.  Review of the facility policy and procedure titled Medication Administration via Injection last reviewed on 12/19/2023, read, Procedure . 5. Perform hand hygiene and don gloves prior to administration of medication.		