STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966541	08/25/2017
NAME OF PROVIDER OR SUPPLIER **MEADOW WOOD HOMES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **25799 SW 122 PLACE** **HOMESTEAD, FL 33032**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . Meadow Wood Homes LLC with Limited Mental Health component, License #10716, had the following deficiencies identified at the time of survey:

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview the facility failed to follow the correct procedure when assisting 1 out of 6 sampled residents with self-administration of medications (Resident #1).

Findings Include:

On at 1:14 PM Staff C put on gloves, grabbed a small plastic cup, and placed the medication from packet to plastic cup. Staff C gave the medication to Resident #1 and did not state the name of the medication to the resident.

On at 3:00 PM Staff C stated, "I forgot because I get nervous, but I know I have to let them know the name of medication they take."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility did not ensure that 1 out of 4 sampled staff had received the control training (Staff C).

Findings included:

A review of Staff C employee file showed the staff was hired on . Staff C did not have documentation that the staff member received the control training.

On at 2:15 PM the Administrator stated, "I don't know what happened to her training document, it must be misplaced because I know the staff already received the training."

Class III