STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932516	**09/29/2017**
NAME OF PROVIDER OR SUPPLIER **MEADOWS AT CYPRESS GARDENS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3050 WOODMONT AVENUE** **WINTER HAVEN, FL 33884**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

On , , , 2017, an abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted at The Meadows at Cypress Gardens. Deficient practice was identified during the surveys.

License # 7713

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

Based on observation and staff interview, the facility failed to ensure staff trained in assistance with self-administration of medications read the label of the medications to the resident, for 2 (Resident #8, #10) of 2 residents observed.

The findings included:

Florida Statute 429.256 3 (b) states that Assistance with Self-Administration of Medications includes, in the presence of the resident, reading the label.

On beginning at 12:30 p.m., Staff F was observed assisting Resident #8 and #10 with self-administration of medication. Staff F did not read the labels to Resident #8 or #10.

On at 1:30 p.m. Staff F stated, "From now on, I'll tell them what I'm giving them."

CLASS III