

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932407	(X3) DATE SURVEY COMPLETED 10/04/2017
NAME OF PROVIDER OR SUPPLIER MISTY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 103 NW 298TH STREET NEWBERRY, FL 32669	

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

0000 - Initial Comments

On , a biennial survey was conducted at Misty Meadows Living Facility, 103 NW 298th Street, Newberry, FL. (Facility License #8031). Deficiencies were identified at the time of the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview the facility failed to dispose of expired medications within 30 days of being expired for 2 (Resident #5 and Resident #10) of 10 sampled residents.

Findings:

On at 11:15 AM, revealed the Medication cart with expired resident medications stored inside for Resident #5 on his Tru Plus Lanc 30G, Expired on ; Resident #10 expired medication for Pain reliever 500 mg expired on and a second box expired on , Ondansetrol 4 mg expired on .

On at 11:20 AM, the facility Manager confirmed the expired medication and stated she would call the pharmacy to request refills of resident prescription medications.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain the physical environment in a clean and well-maintained condition for 10 of 10 residents in the facility.

Findings:

On at 8:55, facility tour conducted revealed, a return air vent located in the kitchen had peeling paint with a visible loose screws. The corner of the sink counter top, baseboard was cracked with a black substance on the edges; the window frame located to the right of the front door entry beside resident's cracked with peeling paint. Peeling paint observed on the living resident located next to Resident #10's a black substance on the vent; Resident #10's and frame were observed to have black marks on the exterior of it.

On at 1:30 PM, tour conducted with the facility Manager confirming physical plant observations previously documented.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/19/2017
FORM APPROVED

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