| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966541** | R<br>**10/18/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MEADOW WOOD HOMES LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**25799 SW 122 PLACE**<br>**HOMESTEAD, FL 33032** | |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 10/18/2017. Meadow Wood Homes LLC with Limited Mental Health component (License #10716) had the following deficiency 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 2 sampled residents with self-administration of medications (Resident #1).

Findings Include:

On at 3:43 PM observed medication pass, Staff C did not wash her hands, she placed medication in a small plastic cup and handed a cup of water. The staff stated the name of the medication to resident and ensure the resident took the medication. Staff signed medication record book for Resident #1.

A review of Resident #1's medication observation record showed the resident had prescribed medication at 2:00 PM, 10 MG 3 x a day.

On at 3:45 PM Staff C stated "I just lost track of the time, I forgot to give them the medication."

Class III