STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	**07/19/2018**
NAME OF PROVIDER OR SUPPLIER **THE MERIDIAN AT WESTWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 MAR WALT DR** **FORT WALTON BEACH, FL 32547**	

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

0000 - Initial Comments

An unannounced initial survey for Limited Nursing Services (LNS) was conducted at The Meridian at Westwood, state license #12856. A generator assessment was conducted in conjunction. The facility had no residents receiving LNS services. At the time of the survey, deficient practice was identified.

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on interview, and record review, the facility failed to ensure a Registered Nurse was employed or contracted to provide limited nursing services as needed by the residents.

The findings include:

Review of personnel documentation failed to reveal a registred nurse either employed by the facility or contracted with the facility for provision of monthly nurisng assessments required for LNS residents.

On beginning at approximately 09:00am, an unannounced survey was conducted to ensure state regulatory standards were implemented for the provision of Limited Nursing Services (LNS). An interview was conducted with the Facility Administrator regarding staffing and credentials of the nurses who were to provide nursing care to the residents. The FA stated the facility had (2) two full time Licensed Practical Nurses on staff, one of which was the Resident Care Director who would also be responsible for oversite of the facility's LNS program. The FA indicated they did not have a Registered Nurse on staff nor employed by contract to provide monthly nursing assessments for residents requiring LNS.