STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	**02/26/2019**
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 complaint investigation (CCR# 2018017630 & CCR#2019000018) was conducted at The Meridian at Westwood (license #12856) on . . . . . Deficient practice was found at the time of the investigation.

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

Based on observation and interview, the facility failed to provide a safe living environment. This was evidenced by the failure to maintain the resident area clean and safe and by allowing Resident #1 to access a construction area without any safeguards in place.

The findings included:

A) In an observation on . . . . from 9:45 AM to 10:10 AM in the facility's third level, the following was noted.

1. In Resident #1's room, two light switches were observed to be open, exposing the drywall around the switches. The switches did not have the appropriate switch covers to enclose the exposed electrical wiring. See photographic evidence.

2. On the carpeting along the floor directly under the open light switches, discoloration was observed which was indicative of underlying moisture or leakage.

Review of Resident #1's Health Assessment form dated on . . . . indicated the resident has a diagnosis of and has hearing and visual , . The resident is oriented to self and required supervision with ambulation.

In an observation of Resident #1's room and interview with the facility Maintenance Director on at 9:45 AM, he stated that repairs were in process in Resident #1's room after a water leak which was identified in . . . . The repairs included replacement of walls, baseboard and repainting. During the observation of the room he observed 2 open light switches and a dark discolored area on the carpeting along the floor directly under the light switches. He touched the discolored areas and stated that the areas were wet, possibly indicating another water leak inside the wall. He stated that he had not received any verbal or written report from his staff, who were working on the project that they had left the light switches open with exposed wiring. He stated that the carpet wetness was new and he thought the repair had corrected any water issues. In an additional interview with the Director on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969030	**02/26/2019**
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)

at approximately 10:45 AM he stated that he confirmed with his maintenance staff who were last inside Resident #1's room and working on the repair project that staff were last in the weeks ago. He stated that an open light switch would be a safety hazard to the resident or anyone else attempting to turn on the room lights.

In an interview with the Administrator on at 10:35 AM, he stated that the facility identified an air conditioning / condensation leak during and repairs and renovation had corrected the leak. The Administrator stated that he was aware that the leak had been repaired and renovation was being completed to replace the damaged walls, baseboards and carpeting in Resident #1's room. He stated that he was unaware that the light switches located along the resident's room wall and accessible to Resident #1 had been left open, without appropriate covering of the exposed inside electrical wiring. He stated that the light switches would be covered immediately.

Class III