STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105436	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadowpark Health and Rehabilitation Center	870 Patricia Ave Dunedin, FL 34698

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure nail care was offered/provided for one resident (#2) of 20 sampled residents.Findings included: During room visits on 5/11/2026 at 11:40 a.m., 5/12/2026 at 8:50 a.m., 1:50 p.m., 5/13/2026 at 8:30 a.m., and on 5/14/2026 at 8:25 a.m. and 10:00 a.m., Resident #2 was observed lying flat in bed. Resident #2 was not able to answer any questions related to his care needs. Further observations revealed both of Resident #2's hands had finger nails that were elongated, and with dark brown debris under the fingernail bed. Most of the finger nails were observed at least a quarter inch to over a half inch in length from the tips of the finger.On 5/13/2026 at 10:00 a.m. an interview was conducted with Staff D, Certified Nursing Assistant (CNA) who stated he normally cared for Resident #2 and knew he is totally dependent on staff for all ADL (activities of daily living) Staff D observed Resident #2's fingernails on both hands and confirmed they were very long and soiled under the finger nail beds. Staff D, CNA was not sure who was responsible to clip Resident #2's fingernails.On 5/14/2026 at 8:25 a.m. an interview was conducted with Staff C, CNA who was observed assisting Resident #2 with eating assistance with his breakfast meal,. Staff C stated having Resident #2 on her assignment regularly. She confirmed Resident #2 was not verbal and was fully dependent on staff with all his ADL. Staff C confirmed Resident #2 could not complete personal hygiene care to include fingernail care on his own. Staff C confirmed Resident #2's fingernails were long and she did not know who was supposed to cut his nails. She was unsure if Resident #2 had ever refused nail care but felt he should not have had finger nails that long and also felt his fingernail beds should be free from debris as well. On 5/13/2026 at 10:25 a.m. an interview with Staff B, Licensed Practical Nurse (LPN) revealed residents who need nail care will typically request, oy by staff's observations. He stated staff should be on the lookout for elongated fingernails on a daily basis and if a resident cannot make their needs known, then they (staff) will make the decision if the nails need to be clipped. Staff B, LPN was not aware Resident #2 was in need for nail care. He then observed Resident #2 and confirmed his nails were long and needed clipping. Staff B also was not aware of Resident #2 ever refusing fingernail care. Review of the medical record revealed Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE]. Review of the current Minimum Data Set (MDS) significant change assessment dated [DATE], revealed; (Cognition/Brief Interview Mental Status or BIMS score not scored. However, assessment revealed Short Term/Long Term memory problem with severely impaired decision-making skills); (ADL - Impaired both sides upper and lower extremities, Showers - Dependent, Personal Hygiene - Dependent, Transfers - Dependent).Review of the nurse progress notes dated 2/1/2026 to 5/17/2026 did not reveal any documented evidence of resident refusing personal hygiene to include nail care/nail trimming. Review of the following shower sheets for the months of March to May 2026 revealed nail care was not checked or completed on the following dates: 3/12/2026, 3/13/2026, 3/18/2026, 3/31/2026, 4/1/2026, 4/21/2026, 4/22/2206, 4/24/2026, 5/5/2026, 5/6/2026, 5/7/2026 and 5/12/2026 Review of the current care plans with a next review date 6/23/2026 revealed areas to include but not limited to: ADL care: the resident may need dependent assistance x1 or x2 for ADL care. This may fluctuate with weakness, fatigue, and weight (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bearing status, Bathing: The resident is dependent on staff for bathing needs, including transfer into and out of shower. Review of a facility policy titled, Standards and Guidelines: ADL Care and Services, revision date 1/2024, revealed: Residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).The Guideline section revealed; Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.The Procedure section revealed: Residents will be provided with care, treatment, and services to ensure that their activities of daily living (ADLs) are met. 4 . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with, including but not limited to: Hygiene (bathing/showers, dressing, grooming, nail care, oral care).