STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105702	A. Building B. Wing	04/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadows Center for Nursing and Healing, The	5157 Park Club Drive Sarasota, FL 34235

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. 37256 Based on record review and interview the facility failed to ensure that within 30 days of discharge, eviction or death, residents personal funds and a final accounting is provided to the individual or probate jurisdiction administering the estate for 1 (Resident #1) of 3 residents reviewed discharged mid month. The findings included: On 4/1/24 at 9:53 a.m., Resident #1's son said his mother passed away on January 13, 2024. He said he had still not received a refund from the facility. Resident #1's son said he spoke with someone he believed to be corporate in New Jersey approximately 5 weeks earlier who told him the refund was approved but they were waiting for the check to be cut. Resident #'1's son said he had not yet received a check and had heard nothing since. On 4/1/24 at 1:33 p.m., the Administrator said if a Resident is discharged or passed away, the business office has to issue a refund from that date to the end of the month. He explained the request for refund is handled at the facility but the disbursement is by a third party company. On 4/1/24 at 2:17 p.m., the Administrator said he reviewed Resident #1's account. He said the account was actually closed on 2/21/24 by account rep who works for the third party company. The Administrator said in looking through the account it did look like the refund check was never mailed out. The Administrator said he cannot answer why they did not cut the check and mail it. The Administrator said they are going to go back and audit to make sure there are no other outstanding accounts like that. He said it was an oversight and does not know why it wasn't done.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37256 Based on record review and interview, the facility failed to ensure residents receive treatment and care in accordance with professional standards of practice for 1 (Resident #1) of 3 resident reviewed who returned to facility from the hospital. The findings included: On 4/1/24 at 9:53 a.m., Resident #1's son said his mother had been at the hospital and when she returned to the facility in January, he did not believe she was getting all her medications. He said his mother passed away on January 13, 2024. Review of Resident #1's chart revealed she was a long term care resident who had been sent out to the hospital and returned to the facility on [DATE]. Physician progress note dated 1/9/24 indicated discuss case with nursing staff and continue with meds: Gabapentin (anticonvulsant and nerve pain medication), Nitroglycerin sublingual (treats chest pain), Breo Elipta and Ipratropium-Albuterol (inhaler), Protonix (treats reflux), Tegretol (treats seizures and nerve pain), Carbidopa-Levadopa (treats tremors), Pramipexole Dihydrochloride (treats tremors), Amantadine (anti viral), Trazadone (antidepressant), Tramadol (pain), Paxil (antidepressant), Lasix (water pill), and Ativan (anxiety). Review of Resident #1's Medication Administration Record for January showed these routine medications had not been restarted upon return from the hospital on 1/9/24. On 4/1/24 at 12:31 p.m., the Director of Nursing (DON) said she had not been employed at the facility during Resident #1's stay. She did review the file and agreed it looked as if staff overlooked and the medications had not been re-instated or given to this patient upon return to facility from the hospital. On 4/2/24 at 10:30 a.m., the DON again agreed the routine medications were missed. She said she had spoke to the doctor who said Resident #1 was going to be transitioning to Hospice but had passed before the hospice consult occurred.