

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966489	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/15/2013
NAME OF PROVIDER OR SUPPLIER WESLEY HAVEN VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WRIGHT STREET PENSACOLA, FL 32501	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
{A 000}	Initial Comments An unannounced visit was made to Wesley Haven on 4/15/13 for a re-visit to a complaint survey (CCR# 2013001504) completed 3/7/13. The deficiency was corrected. In conjunction with the complaint survey, a Biennial Abbreviated survey was also conducted.	{A 000}	

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6850

1WR412

If continuation sheet 1 of 1



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2013

Administrator
Wesley Haven Villa
111 East Wright Street
Pensacola, FL 32501

RE: CCR# 2013001504

Dear Administrator:

This letter reports the findings of a state licensure biennial abbreviated survey and a revisit to the complaint survey (CCR# 2013001504) conducted on April 15, 2013 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

J5XD



State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966489

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/15/2013

Name of Facility
WESLEY HAVEN VILLA

Street Address, City, State, Zip Code
111 EAST WRIGHT STREET
PENSACOLA, FL 32501

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

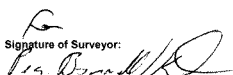
(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052	Correction Completed 04/15/2013	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.0185(3) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date: 4/16/13
Date:

Signature of Surveyor:

Signature of Surveyor:

Date: 4/16/13
Date:

Followup to Survey Completed on:

3/7/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO