STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963719	**07/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wyndham Lakes	**10660 Old St. Road Jacksonville, FL 32257**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted on , 2013.
Wyndham Lakes had a deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that three of three employees (A, B, and C) was free from communicable including within the first thirty days of employment. In addition the facility failed to ensure that three of three employees (A, B, and C) reviewed, also had obtained documentation of freedom from on an annual basis.

The findings include:

Review of the personnel records revealed that:

Employee A, hired as a medication technician, had no freedom from communicable statement, including in her personnel file. The last test for Employee A was conducted on

Employee B, hired as a medication technician, had no freedom from communicable statement, including in her personnel file. The last screening was dated

Employee C, hired as a medication technician, had no freedom from communicable statement, including in her personnel file. The last screening was dated

An interview with the administrator on 2013 at 3:30 pm confirmed that no more recent documentation was available for these employees.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Wyndham Lakes
10660 Old St. Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure