STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wedgewood Of Winter Haven, Inc	480 Avenue E, Southeast Winter Haven, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2013007536 & CCR# 2013007369, were conducted on

The Wedgewood of Winter Haven, Inc., assisted living facility, had unrelated deficiencies at the time of the visit relative to both complaints.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review & interview, the facility did not ensure that 2 (#6 & 7) of 6 resident records reviewed contained health assessments (1823) completed in entirety by the residents health care practitioner.

Findings include:

1. A review of the record for resident #6, admitted on revealed the health assessment (1823) on file was missing page 4 which along with other pertinent information would have included the date of the examination & physicians/health care practitioners signature. The administrator indicated (about 2 p.m.) she did not notice the missing page prior to this visit.

2. A review of the record for resident #7, admitted on revealed that the resident's health assessment (1823) was completely filled out but not signed by the residents health care practitioner. When asked who had completed the assessment, the administrator admitted (about 2:30 p.m.) to filling the 1823 in herself for the physician to sign when he or she came in. She was informed that only a health care practitioner is to complete this form.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wedgewood Of Winter Haven, Inc	480 Avenue E, Southeast Winter Haven, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record reviews, the facility failed to document the residents' general health, change in condition and treatments ordered and given for 5 (Residents #1, #2, #3, #4, #5) of 5 sampled hospice residents.

Findings include:

Review of the list of residents provided by the assistant administrator revealed that Residents #1, #2, #3, #4, and #5 had all been treated for . The list also revealed that only Resident #2 and #3 tested positive for .

Review of the facility records for Residents #1, #2, #3, #4, and #5 revealed that there was no mention of in their records. There were also no physician's orders regarding any treatment or any medication observation records (MORs) that indicated that any treatment had been completed for . There was also minimal documentation in the residents' records regarding an awareness of the general health and well being of the residents.

Interview with the assistant administrator on at approximately 2:30 p.m., she acknowledged that she did not document the residents' condition and treatment and did not keep the physician's orders in the record.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

A. Based upon observation, record review & confidential interviews the facility failed to ensure that 2 of 11 residents were treated with respect and dignity and free from intimidation.

Findings include:

1. During one confidential interview on at about 9:30am, it was stated that one of the facility staff members has a habit of yelling & laughing at a resident, which intimidates the resident. During staff interviews, at about 1:30pm, the staff member denied that she yells but claims to have a very loud voice which can be misinterpreted as yelling. This staff also claimed she will speak in a loud voice due to diminished hearing of residents.

2. During confidential interview with another resident, this resident also claimed to be yelled at by a male staff member, she stated that sometimes she is told to "shut up". During interview with this staff who also denied yelling, it was stated that he also frequently speaks in a loud voice to be heard by residents who have diminished hearing.

B. Based upon observation the facility failed to ensure that 7 (#1, 2, 4, 6, 7, 9, & 12) residents were free from . These residents were observed to be their beds with full bed-rails in up position.(the use of bed-rails are limited to 1/2 bed-rails only and only with a physicians orders on file)

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	09/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wedgewood Of Winter Haven, Inc	480 Avenue E, Southeast Winter Haven, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings include:

Observation during facility tour on revealed that full bed rails were in use for residents #1,#2,#4, #6, #7,# 9, #12.. A review of the records for residents #1, 2 ,4 ,6 ,7 , 9 & 12 revealed no physicians orders on file authorizing even the use of even one-half (1/2) bed-rails.

During interview with the administrator (about 2:30 p.m.), she verified she did not have physicians orders for the bed-rails for these residents and the bed-rails were for safety reasons.

C. The facility failed to ensure that call lights were within reach and operational for 3 residents observed (#9, 10, 12).

Findings include:

During tour on observation revealed that the facility had call lights in each residents . The call lights for resident #9 & #10 were not within reach of the resident's beds. The call light for resident #9 (who was bed bound) was fastened tight against the wall approximately 3 feet away from the residents bed. The administrator unfastened the call light cord after it was brought to his attention by the surveyor (about 10 a.m.)

The call light for resident #10 was not within reach of the bed and the call light for resident #12 was not operational.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and record reviews, the facility failed to maintain the residents' medication observation records (MORs) and physicians' orders for 5 (Residents #1, #2, #3, #4, and #5) of 5 sampled hospice residents.

Findings include:

Interview with the assistant administrator and record review of the list of residents provided by her on at approximately 12:00 p.m. revealed that Residents #1, #2, #3, #4, and #5 had been treated for at the facility.

Record reviews for Residents #1, #2, #3, #4, and #5 revealed no documentation of physician's orders for treatment.

Interview with the assistant administrator on at approximately 12:20pm revealed that only the residents' MORs were in the facility. The previous months' MORs for the residents were at the assistant administrator's other home.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wedgewood of Winter Haven, Inc.
480 Avenue E, Southeast
Winter Haven, FL 33880

Dear Administrator:

Re: **CCR# 2013007369 & CCR# 2013007536**

This letter reports the findings of two complaint surveys that were 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 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161