STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966624	**03/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Wings Wendel	**3116 Wendel Rd Se Melbourne, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/04/2014
0010-Admissions - Continued Residency-03/04/2014
0030-Resident Care - Rights & Facility Procedures-03/04/2014
0052-Medication - Assistance With Self-Admin-03/04/2014
0053-Medication - Administration-03/04/2014
0054-Medication - Records-03/04/2014
0055-Medication - Storage And Disposal-03/04/2014
0078-Staffing Standards - Staff-03/04/2014
0093-Food Service - Dietary Standards-03/04/2014
0167-Resident Contracts-03/04/2014

Specific Tag Findings:

0000-Initial Comments
A revisit survey was conducted on 03/04/2014 at Golden Wings Wendel Assisted Living Facility. The deficiencies were corrected. There were no new deficiencies identified at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 11, 2014

Administrator
Golden Wings Wendel
3116 Wendel Rd SE
Melbourne, FL 32909

RE: Revisit to iennial w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 4, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Lorraine Henry at (407) 420-2502.

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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