| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953528** | **09/19/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Wyndham House** | **417 Westwood Road West Palm Beach, FL 33401** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0007-Admissions - Criteria-09/19/2014
0052-Medication - Assistance With Self-Admin-09/19/2014
0078-Staffing Standards - Staff-09/19/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-09/19/2014
0093-Food Service - Dietary Standards-09/19/2014

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced follow-up to the licensure survey was conducted on 9/19/2014, Wyndham House had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 01, 2014

Administrator
Wyndham House
417 Westwood Road
West Palm Beach, FL 33401

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 19, 2014 by a representative 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. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

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