AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	03/19/2015

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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial Survey was conducted on .

Wedgewood of Winter Haven, Inc had deficiencies at the time of visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based upon interview and record review, the facility failed to meet the continued residency criteria of obtaining an AHCA Form 1823- Resident Health Assessment for Assisted Living Facilities- from a health care provider at least 3 years after the initial assessment for 1 of 4 (resident #1).
Findings Include:
During a facility record review on , it was discovered that resident #1 records lacked a required, updated AHCA Form 1823. Resident #1 was admitted to the facility on with an AHCA Form 1823. This was the only form on record at this time.
At approximately 3:45 P.M., an interview with the Administrator of the facility revealed that due to resident #1 ' s current condition and behavior, an intervention was put in place. She stated, " The intervention is going to a psych (sic) clinic " , which occurs monthly. When the Administrator was questioned about whether an updated AHCA Form 1823 was completed for resident #1 since admissions on , she said she did not have one.
Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, interview and record review the facility failed to ensure that staff had all the required training for one (Staff D) of four sampled staff records. Review of staff employee records revealed that there was no documented training for control, elopement Response, incident Reporting, residents rights emergency preparedness, Recognizing and reporting and control and ADL and Behaviors needs for staff D.
Findings Include:
During an interview with the Administrator on at 3:40 p.m. she reviewed employee files for staff D and confirmed findings.
A review of staff D files on revealed she was hired on Staff D ' s file did not have documentation indicating she received training for control, elopement Response, incident Reporting, residents rights emergency preparedness, Recognizing and reporting and control and ADL and Behaviors needs for staff D.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0090 Continued From page 1

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to ensure (2 of 4 (employee C and D) sampled employee received out of 4 employee files reviewed had in-service training within 30 days of employment status.
Findings Include:
A review of the employee C personnel records was conducted on file revealed employee (C) had a hire date of . Employee C ' s file revealed no documentation on in-service training in personnel file.
During an interview with the Adminstrator on at 3:34 p.m. The Administrator reviewed employee C ' s file and confirmed findings. The Adminstratior implies, " I don't know where the trainings are."
A review of the employee D personnel records was conducted on file revealed employee (D) had a hire date of . Employee D' s file revealed no documentation on in-service training in personnel file.
During an interview with the Administror on at 3:39 p.m. The Administrator reviewed employee D ' s file and confirmed findings. The Adminstartor states, " I don't know where I put the trainings , I don't know where they are."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2015 by representative(s) 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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