STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **WEDGEWOOD OF WINTER HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **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

On , an abbreviated biennial relicensure survey was completed at Wedgewood of Winter Haven, Inc. Deficient practice was identified during the survey.

(License # 5499)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff had a written statement from a health care provider documenting that they did not have any signs or symptoms of a communicable . . . . . completed within 30 days of hire. This occurred for two (Staff A and Staff C) of three employees reviewed.

Findings included:

On , a review of Staff A's employee file revealed a hire date of . Further review of Staff A's file revealed that there was no communicable . . . . . statement for Staff A. A review of Staff C's employee file revealed a hire date of . Further review of Staff C's file revealed that there was no communicable . . . . . statement for Staff C. Both Staff A and Staff C were direct care staff and had been employed at the facility for more than 30 days.

In an interview on at 4:40 PM, the Assistant Administrator confirmed that neither Staff A nor Staff C had a completed communicable . . . . . statement.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that certificates of training included the subject matter of the training program, the training program agenda, and the number of hours of the training program as required for two (Staff A and Staff C) of three employees reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	**03/14/2017**
NAME OF PROVIDER OR SUPPLIER **WEDGEWOOD OF WINTER HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 AVENUE E, SOUTHEAST** **WINTER HAVEN, FL 33880**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings included:

On , a review of Staff A's employee file revealed a hire date of . Staff A's employee file contained a training certificate for the following trainings: control, elopement response training, emergency preparedness and evacuation training, incident reporting, resident rights, recognizing/reporting , neglect, and , , and ( ) training. The training certificate did not contain the subject matter of the training program, the training program agenda, and the number of hours of the training program for any of the above listed trainings.

On , a review of Staff C's employee file revealed a hire date of . Staff C's employee file contained a training certificate for the following trainings: control, ( ), activities of daily living and behavioral needs, elopement response training, emergency preparedness and evacuation training, incident reporting, resident rights, recognizing/reporting , neglect, and , , and training. The training certificate did not contain the subject matter of the training program, the training program agenda, and the number of hours of the training program for any of the above listed trainings.

On at 4:40 PM, the Assistant Administrator confirmed that the training certificates did not have the required components listed. The Assistant Administrator stated that the trainings in total lasted approximately seven to eight hours and that she would list the hours for each training on future certificates.

Class III