STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	R **04/07/2017**
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

A desk review was conducted on 4/07/17 to the abbreviated biennial state licensure survey of 3/14/17. It was determined that the previously cited deficiencies at Wedgewood of Winter Haven had been corrected.

(License # 5499)