STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910104	**03/28/2019**
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

An Abbreviated Biennial survey was conducted at Wedgewood of Winter Haven Assisted Living Facility on . . . . Wedgewood of Winter Haven Assisted Living Facility had no deficient practice identified at the time of the survey.

License: 5499