RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Willows at Wildwood
4725 Bellwether Lane
Oxford, FL 34484

RE: CCR #2016002807

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968749	03/22/2016
NAME OF PROVIDER OR SUPPLIER **THE WILLOWS AT WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **4725 BELLWETHER LN** **OXFORD, FL 34484**	

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

0000 Initial Comments

A complaint investigation (CCR#2016002807) was conducted at The Willows at Wildwood on The Willows at Wildwood had deficiencies at the time of the investigation.

0180 Emergency Management

Based on record review and interview, the facility failed to ensure the facility written emergency management plan contained 2 of the 8 required components.

Findings:

On , the surveyor reviewed the facility Emergency Management Plan (Dated 2014) available on site upon request by the surveyor. The surveyor and facility staff were unable to locate the required components: f) Identification of and coordination with the local emergency management agency and g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the local emergency management agency the number of residents who have been relocated, and the place of relocation.

During interview on at 12:04 PM, the facility Executive Director confirmed the required components could not be located in the facility emergency management plan.

Class III

0181 Emergency Plan Approval

Based on record review and interview, the facility failed to ensure the written emergency management plan had been reviewed and approved annually by the local emergency management agency annually as required.

Findings:

Record review of the facility emergency management plan approval letter revealed the facility emergency management plan had most recently been approved by the Board of County Commissioners of Sumter County Emergency Management on .

During interview on at 12:05 PM, the facility Executive Director confirmed that the facility had not obtained a current annual approval letter from the Board of County Commissioners of Sumter

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968749	**03/22/2016**
NAME OF PROVIDER OR SUPPLIER **THE WILLOWS AT WILDWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **4725 BELLWETHER LN** **OXFORD, FL 34484**	

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

County Emergency Management.

Class III