STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	106002	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wedgewood Healthcare and Rehabilitation Center	1010 Carpenters Way Lakeland, FL 33809

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to accommodate mobility needs related to personal access to a motorized wheelchair for one resident (#4) out of three residents sampled for accessibility.Findings included: During an interview on 05/26/2026 at 1:27 p.m., Resident #4 voiced their unhappiness with their current living situation at the facility. Resident #4 stated they wanted to get up and be out of bed more but given their condition of Multiple Sclerosis (MS) they know it is a process for the staff to get him up and expressed concern for not having his powerchair (also known as motorized wheelchair). Resident #4 stated when he was still living independently in a home they would use the powerchair to get around, visit friends, as well as go to the grocery store. Resident #4 stated when he came to the facility with their powerchair on the day of admission, the facility took the chair to be evaluated and was told the chair was not in good enough condition to bring into the facility. He stated maintenance put the chair in the shed until someone could pick it up. Resident #4 voiced they told multiple staff members they were very unhappy not having the use of their powerchair because that was their only real independence in getting around. Resident #4 stated being told their chair could not be used and they would be provided a standard manual wheelchair. The resident stated that they have MS and only have the use of one hand. He stated when the staff gets him up into the manual wheelchair the only option he has is to spin in circles. He stated this was the only movement their physical limitations would allow, or to be stuck wherever the CNAs (Certified Nursing Assistants) put him without any way of moving around the facility or independently going back to their room. Resident #4 stated they were still fairly young, cognitively intact, and was accustomed to living somewhat independently before this, and now they feel as though they are trapped in a small room with only their one roommate who is minimally verbal. Resident #4 stated in the year he has been at the facility no one ever gave him any inclination that obtaining a new powerchair was a possibility. He stated he was never assessed for use of a powerchair and was not offered to repair or replace the powerchair. He said if he could use a powerchair again, it would be life changing. Review of the record revealed Resident #4 was admitted into the facility in May 2025 with diagnoses of Multiple Sclerosis (MS) ,muscle wasting and atrophy, not elsewhere classified, multiple sites, need for assistance with personal care, other abnormalities of gait and mobility, and Major Depressive disorder, single episode, unspecified among other diagnoses. A review of the Resident #4's quarterly Minimum Data Set (MDS) dated [DATE], Section C, revealed the resident had a Brief Interview of Mental Status (BIMS) score of 15 out of 15; meaning the resident is cognitively fully intact. Section GG showed Resident #4 had impairment on the upper and lower extremities. Section GG0120 showed the resident uses a wheelchair for mobility. The Mobility assessment revealed the resident was dependent or required maximal assistance. Section GG0170 revealed the resident was assessed for the use of a manual wheelchair, but not a motorized one. A review of the care plan for Resident #4, last revised on 03/06/2026, showed the following focuses:Resident #4 has Multiple Sclerosis (MS) with interventions to include: PT (Physical Therapy), OT (Occupational Therapy), Speech therapy (ST) evaluate and treat as ordered.Resident #4 prefers independent activities such as watching TV, family visits and interacting with staff, with interventions to include; inviting the (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident to scheduled activities and the resident needs assistance/escort to community life functions.Resident #4 has ADL (Activities of daily living) self-care deficit r/t (related to) activity intolerance and impaired mobility. Interventions included PT, OT, evaluation and treat as per MD (medical doctor's) orders. Review of progress notes for Resident #4 revealed the following: - A physician progress note dated 05/22/2026 revealed the resident has progressive MS, frustrated with their increased weakness affecting their mobility and that resident continues to express their frustrations with their current situation.- A psych note dated 05/20/2026 showed resident reported ongoing grief related to the loss of their [family member]. They also expressed sadness due to [another family member] being very sick and their [other family member] being ill as well. Resident described feeling down, but stated that getting up out of bed and being active helps them feel better.- An activities note dated 01/09/2026 showed resident was alert and able to make their own decision pertaining to activities.- A physician progress note dated 02/10/2026 showed the resident reported that their stress-related symptoms continue to occur. Resident today reports that those stress-related symptoms continue unchanged. They have been having anxiety symptoms. They have been troubled by feelings of frustration. They had been experiencing anhedonia or loss of pleasure . In an interview with the Director of Therapy (DOT) on 05/26/2026 at 4:01 p.m., the director stated the resident had done extensive therapy with them and the resident had not shown improvement. The director stated for a resident to use a powerchair in the facility, they have to be screened by PT to make sure it would be safe for the resident as well as the other residents in the facility. They stated they consider things like the ability to maneuver the powerchair independently, cognitive function, and also determine the resident's eligibility. The director confirmed Resident #4 had a powerchair he brought from home that was not in good condition so the facility removed it. Therapy director confirmed no one from therapy worked with the resident on the chair or discussed the possibility of a new or replacement powerchair. The DOT stated Resident #4 was not assessed for eligibility to the use of a powerchair as the facility felt his powerchair was not in good enough condition to do the evaluation. The Director of Therapy stated the facility did not have any extra powerchairs for the resident to use in order to conduct the evaluation. An interview was conducted with the Nursing Home Administrator (NHA) on 05/26/2026 at 4:27 p.m. The NHA confirmed the facility took away the powerchair of Resident #4 upon admission as it was found to be in poor condition with some bugs found in it. She stated maintenance held the chair in the shed as Resident #4 was still paying for it. The NHA stated ultimately the vendor came to retrieve it. The NHA confirmed they did not work with Resident #4 on replacing the powerchair. The NHA stated Resident #4 was fully cognitively intact and a younger man, compared to many other residents in the facility, and voiced understanding that the resident losing the use of their powerchair, may result in loss of some independence. The NHA agreed this would be a concern for the resident. The NHA acknowledged the resident was not living at their highest level of independence. The NHA stated not being aware Resident #4 wanted a new powerchair and therefore never addressed the issue. Review of a facility policy titled, Motorized Wheelchair Use Process, Revised 4/29/2026 revealed: Purpose: Each resident who utilizes a motorized wheelchair will be evaluated to ensure the resident is able to safely maneuver the device without placing self or others at risk for injury.Procedure:The motorized wheelchair assessment shall be completed by therapy for each resident who utilizes the device upon admission or prior to utilizing the device freely about the facility.The resident/legal representative will provide the motorized wheelchair and shall be responsible for repairs and maintenance of the device.Continued use of the motorized wheelchair will be reviewed quarterly and as needed.The facility will prohibit and/or restrict the use of the motorized wheelchair should the resident be unable to safely maneuver the device and/or is non-compliant with safe operation.The facility will prohibit use of the motorized wheelchair if the device becomes unsafe to operate, is not maintained routinely, and/or any other reason that poses a risk for continued use.The facility is not liable for or responsible for storing the motorized wheelchair when continued use is prohibited.