

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910758	(X3) DATE SURVEY COMPLETED 08/19/2013
NAME OF PROVIDER OR SUPPLIER Wirick (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 434 4th Street, North Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006020, was completed on 08/19/13, in conjunction with a biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH).

The Wirick, assisted living facility, had no deficiencies at the time of the complaint survey. Deficiencies were cited relative to the biennial state licensure survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 30, 2013

Administrator
Wirick (The)
434 4th Street, North
Saint Petersburg, FL 33701

Dear Administrator:

Re: CCR# 2013006020 & Biennial with LMH & LNS

This letter reports the findings of a complaint survey and a biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) that were conducted on August 19, 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey and the deficiencies that were identified relative to the biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS). 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosures: State (5000-3547) Forms

