STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966437	**12/10/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wesley House Ii	**1146 Timber Trace Drive Wesley Chapel, FL 33543**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Corrected:

E210-ECC - Training 58A-5.0191(7) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2013

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and an extended congregate care (ECC) monitoring visit conducted on December 10, 2013, by representative(s) of this office.

Attached are the provider's copies of the State Forms (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit, and no deficiencies were identified relative to the ECC monitoring visit.

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

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

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