

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/05/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964754	(X3) DATE SURVEY COMPLETED 04/29/2014
NAME OF PROVIDER OR SUPPLIER Wesley House	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Maximilian Drive Wesley Chapel, FL 33543	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An abbreviated biennial state licensure survey with limited mental health (LMH) services was conducted on 4/29/14.

The Wesley House, assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 5, 2014

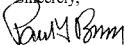
Administrator
Wesley House
1500 Maximilian Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports findings of an abbreviated biennial state licensure survey with limited mental health (LMH) services that was conducted on April 29, 2014, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

