STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	**10/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wirick (the)	**434 4th Street, North Saint Petersburg, FL 33701**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0167-Resident Contracts-10/28/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit for complaints CCR #2014005625 & #2014007375, conducted on October 28, 2014 by representative(s) of this office.

Attached is the provider's copies of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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(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/clt
Enclosure: State Forms (5000-3547)

St. Petersburg Field Office
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