STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	**07/14/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A monitoring visit was conducted on 07/14/16 at the Wirick Assisted Living Facility.
No deficient practice was identified during the visit.

(Lic.# 9)