

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910758	(X3) DATE SURVEY COMPLETED 09/09/2016
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

On 9/9/16 a monitoring for closure visit was conducted at (The Wirick) at an undefined facility, 601 49th St N. St. Petersburg Fl. A deficiency was cited during the visit. A notice of unlicensed activity was delivered at the time of the visit.

Z827 Unlicensed Activity

On or before 9/9/16, the management of The Wirick Assisted Living Facility transferred its residents and staff to an undefined location at 601 49th Street North. The undefined facility was found to be operating as an Assisted Living Facility at 601 49th St. North St. Petersburg Fl. without the required license on 9/9/16.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 1, 2016

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

Dear Administrator:

This letter reports the findings of a monitoring visit for closure that was conducted on January 1, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of the identified deficiency.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiency identified on your survey, which may include a desk review or onsite 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,

for Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90

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