STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	R 12/02/2016
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 for closure revisit was conducted at The Wirick, Assisted Living Facility, on . The Wirick, Assisted Living Facility, had deficient practice identified at the time of the survey.

License #9

Z827 - Unlicensed Activity - 408.812, FS

Based on observation and interview, the facility did not ensure residents were transferred to a licensed Assisted Living Facility.

Findings included:

A tour of the facility located at 434 4th Street North St. Petersburg FL 33701 was conducted on at 9:30 a.m. Surveyor did not physically observe any residents on the premises at this time.

During an interview with the facility administrator on at 9:45 a.m. The Administrator confirmed The Wirick Assisted Living Facility transferred its residents and staff to an undefined location at 601 4th Street North. The undefined facility was found to be operating as an Assisted Living Facility at 601 4th St. North St. Petersburg FL. without the required license on and .

Unclassed

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016, by representative(s) of this office. Enclosed is the provider's copy of the (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

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

Sincerely,

Teresa Ryan RN

fw Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

BBT7

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