

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910758	(X3) DATE SURVEY COMPLETED R 10/13/2017
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 revisit was conducted on 10/13/17 for Wirick (The). The deficient practice preVIOUSLY cited was corrected during the revisit. (License #9)		