

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967005	(X3) DATE SURVEY COMPLETED R 11/09/2017
NAME OF PROVIDER OR SUPPLIER WESLEY HOUSE III	STREET ADDRESS, CITY, STATE, ZIP CODE 28502 TALL GRASS DRIVE WESLEY CHAPEL, FL 33543	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit was conducted on 11/9/17 for Wesley House III, Assisted Living Facility. The deficient practice previously cited on 9/7/17 was corrected during the revisit. (License # 11126)		