STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	**01/30/2019**
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 complaint survey (CCR#2018017618) was conducted at The Wirick Assisted Living Facility on . Deficient practice was identified at the time of the survey.

(License #9)

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review, observation and interview, the facility failed to have all regular and therapeutic menus to be used by the facility reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards.

Findings included:

During the facility tour on , the facility's weekly menu was posted in the hallway by the dining room.

Review of the menu on revealed there was no review date on the menu.

The manager called the dietitian on at 12:00 pm and she stated she had not reviewed the menu since . The dietician had not reviewed the menu annually.

Class III