STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	R **04/08/2019**
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 revisit survey to a 1/30/19 complaint survey was conducted on 4/8/19 at The Wirick , an Assisted Living Facility in Saint Petersburg, Florida.
There were no deficiencies found at the time of the visit.