

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910758	(X3) DATE SURVEY COMPLETED 07/29/2013
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 TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0004-Licensure - Requirements-07/29/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on July 29, 2013, by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiency was found corrected on the day of the desk review.

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, at (727) 552-2000.

Sincerely,

Paul Reid
Patricia Reid Cauffman
Field Office Manager

PRC

PRC/kpr

Enclosure: State Form (5000-3547)

