

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 05/15/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966437</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>05/02/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESLEY HOUSE II</b>                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1146 TIMBER TRACE DRIVE<br/>WESLEY CHAPEL, FL 33543</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                            |                                                                                                     |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>On May 2, 2017, an abbreviated biennial re-licensure survey with limited mental health services (LMH) was conducted at Wesley House II, assisted living facility, (lic# 10654). There was no deficient practice identified at the time of the survey.</p> |                                                                                                     |                                                     |