

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 07/22/2014
NAME OF PROVIDER OR SUPPLIER Weinberg Village	STREET ADDRESS, CITY, STATE, ZIP CODE 13005 Community Campus Dr. Tampa, FL 33625	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-07/22/2014
0082-Training - Hiv/aids-07/22/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 6, 2014

Administrator
Weinberg Village
13005 Community Campus Dr.
Tampa, FL 33625

Re: ECC mon visit, **CCR# 2014005896**, & Desk Review

Dear Administrator:

This letter reports findings of an extended congregate care (ECC) monitoring visit, a complaint survey, and a state licensure follow-up (desk review) that were conducted on July 22, 2014, by representative(s) of this office. Attached are the provider's copies of the State (5000-3547) Forms, which indicate there were no discernible deficiencies noted on the date of the survey, and the deficiencies were corrected relative to 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(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,
Paul Brown
FOR Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms

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