

5/5/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11963791	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 5/5/2015
Name of Facility WEINBERG VILLAGE		Street Address, City, State, Zip Code 13005 COMMUNITY CAMPUS DR. TAMPA, FL 33625

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 05/05/2015	ID Prefix AE206 Reg. # 58A-5.030(7) FAC LSC	Correction Completed 05/05/2015	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By

Reviewed By

Date:

5/5/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By
CMS RO

Followup to Survey Completed on:

4/7/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 6, 2015

Administrator
Weinberg Village
13005 Community Campus Drive
Tampa, FL 33625

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey with Extended Congregate Care (ECC) follow-up (desk review) conducted on May 5, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

for

Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State Form (5000-3547)

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