

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/28/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 10/18/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016009262), was conducted at Weinberg Village on 10/18/16. Weinberg Village, Assisted Living Facility, had no deficiencies at the time of the visit.

(License # 8679)



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 28, 2016

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

RE: CCR# 2016009262

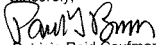
Dear Administrator:

This letter reports the findings of a complaint survey completed on October 18, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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