STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963791	R **04/25/2017**
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 desk review was conducted on 04/25/17. The deficiencies identified during the re-licensure survey on 03/15/17 were corrected during the review.

(Lic # 8679)