STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966036	**04/28/2017**
NAME OF PROVIDER OR SUPPLIER **TOBY WEINMAN ASSISTED LIVING RESIDENCE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 59TH STREET NORTH** **SAINT PETERSBURG, FL 33710**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

On April 28, 2017, an abbreviated biennial re-licensure survey was conducted at Toby Weinman Assisted Living Residence, (lic# 10306). There was no deficient practice identified at the time of the visit.