

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963791	(X3) DATE SURVEY COMPLETED 11/20/2017
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 complaint investigation (CCR# 2017010692) was completed at Weinberg Village Assisted Living Facility on 11/20/2017. Weinberg Village Assisted Living Facility had no deficient practice identified at the time of survey. (License # 8679)		