STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963791	R **07/09/2018**
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 7/09/18 to an extended congregate care (ECC) monitoring visit of 5/16/18. At the time of the desk review, it was determined that the previously cited deficiency at Weinberg Village had been corrected.

(License # 8679)