STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966036	**06/28/2018**
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

A Complaint investigation (CCR#2018006913) was conducted at Toby Weinman Assisted Living Residence on 6/28/18. Toby Weinman Assisted Living Residence had no deficiencies at the time of the investigation.

License (#10306)