STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966036	**05/09/2019**
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

A biennial re-licensure survey was conducted at the The Toby Weinman Assisted Living Residence on May 09, 2019. The provider had no deficiencies at the time of the visit.