



## TASHAIYANA L WEATHERSPOON

License Number: CNA333543

Data As Of 12/7/2025

Profession Certified Nursing Assistant  
License CNA333543  
License Status Emerg Suspens/  
License Expiration Date 5/31/2027  
License Original Issue Date 05/17/2016  
Address of Record 436 West Lisbon pkwy  
DELAND, FL 32720  
Discipline on File Yes  
Public Complaint Yes  
Alerts Enforcement Alert  
12/1/2025 5:06:10 PM  
Emergency Suspension Order filed 12/01/2025.

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
WEATHERSPOON, TASHAIYANA	333543	CERTIFIED NURSING ASSISTANT	DELAND	VOLUSIA	FL	202351307	ESO ISSUED	12/01/2025

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WEATHERSPOON, TASHAIYANA L	333543	CERTIFIED NURSI	DELAND	FL	201920517	OBLIGATIONS IMPOSED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WEATHERSPOON, TASHAIYANA L	333543	CERTIFIED NURSING ASSISTANT	DELAND	FL	201920517	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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