

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967375(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/17/2013

Name of Facility

Street Address, City, State, Zip Code

TALLAHASSEE MEMORY CARE

2767 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32309

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0152	09/17/2013	ID Prefix AN277	09/17/2013	ID Prefix	
Reg. # 58A-5.023(3) FAC		Reg. # 58A-5.031(2) FAC		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS ROReviewed By
RED
Reviewed ByDate:
9/19/13
Date:Signature of Surveyor:
Joe Page
Signature of SurveyorDate:
9/19/13
Date:

Followup to Survey Completed on:

5/24/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/19/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967375	(X3) DATE SURVEY COMPLETED 09/17/2013
NAME OF PROVIDER OR SUPPLIER Tallahassee Memory Care	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 Raymond Diehl Road Tallahassee, FL 32309	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On September 17, 2013 an announced visit to conduct a follow-up Limited Nursing Service survey was conducted at Tallahassee Memory Care, located at 2767 Raymond Diehl Road, Tallahassee, Florida. At the time of the survey, previously cited deficiencies were found to be corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2013

Administrator
Tallahassee Memory Care
2767 Raymond Diehl Road
Tallahassee, FL 32309

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 17, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,


for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

DT9D

