



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 17, 2014

Administrator  
Tangerine Cove of Brooksville  
307 Howell Avenue  
Brooksville, FL 34601

Re: CHOW/ECC/LMH  
CCR #2013011066

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 8, 2014 by a representative of this office. Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/17/2014  
FORM APPROVED

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910431</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>01/08/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tangerine Cove Of Brooksville</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>307 Howell Avenue<br/>Brooksville, FL 34601</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Revisit Corrected Tags:**

0025-Resident Care - Supervision-01/07/2014  
0078-Staffing Standards - Staff-01/07/2014  
Z815-Background Screening: Prohibited Offenses-01/07/2014  
  
0000-Initial Comments

On 01/07/2014, an unannounced follow-up survey to CCR #201301106 was conducted at Tangerine Cove Assisted Living Facility in Brooksville, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.