

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967375	(X3) DATE SURVEY COMPLETED 12/31/2014
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 12/31/14 an unannounced LNS/monitoring survey was conducted at Tallahassee Memory Care.
No deficiencies were cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2014

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

RE: LNS Monitoring

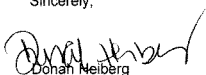
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 31, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Neiberg
Field Office Manager

DH/dh
Enclosure

1GGN

