



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2015

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

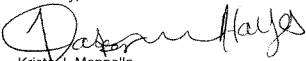
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 29, 2014 by a representative of this office. Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,



Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910431	(X3) DATE SURVEY COMPLETED 12/29/2014
NAME OF PROVIDER OR SUPPLIER Tangerine Cove Of Brooksville	STREET ADDRESS, CITY, STATE, ZIP CODE 307 Howell Avenue Brooksville, FL 34601	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 12/29/2014, an unannounced Extended Congregate Care Monitoring survey 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.