RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted] 2015

Administrator
Memory Lane
1665 SW 7th Street
Ocala, FL 34471

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 2015 by a representative of this office. Enclosed is the provider's copy of the State [redacted] 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) [redacted]

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL [redacted]
Phone:(386) [redacted] Fax:(386) [redacted]
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967908	**02/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Memory Lane	**1665 Sw 7th Street Ocala, FL 34471**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On [redacted] an unannounced Monitoring survey was conducted at Memory Lane Assisted Living Facility in Ocala, Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.