



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 9, 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 October 8, 2015 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,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

1GGN

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/09/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910431	(X3) DATE SURVEY COMPLETED 10/08/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

An unannounced Biennial Survey visit with Extended Congregate Care (ECC) and Limited Mental Health (LMH) was conducted on October 7, 2015 and October 8, 2015 at Tangerine Cove of Brooksville, 307 Howell Avenue, Brooksville, FL. Deficiencies were not identified at the time of the survey. The facility was in compliance.