RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910431	03/15/2016
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

On , 2016 an Extended Congregate Care survey was conducted at Tangerine Cove of Brooksville Assisted Living Facility. Deficient practice was identified during the survey.

E208 ECC - Records

Based on interview, record review, and policy and procedure review, the facility failed to ensure monthly nursing assessments were completed for 1 of 1 residents receiving Extended Congregate Care (ECC), (Resident #1.)
Findings:
Record review of the Monthly Nursing Assessment showed nursing assessments were completed on , , and - quarterly.

During an interview conducted on at 10:47 AM with the Administrator she stated, "The nursing assessments were done quarterly in error. They are supposed to be done monthly. I will have to go from here on and make sure they are done monthly. I wonder why that happened. I can't fix what is broken. I can only fix it now."
Record review of the Policy and Procedures titled, "Extended Congregate Care (ECC) Policies & Procedures Nursing Assessments," stated: Nursing assessment of the resident are completed monthly, and findings are reported to the administrator or ECC supervisor.

Class III