STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968830	**09/06/2016**
NAME OF PROVIDER OR SUPPLIER **MEMORY LANE COTTAGE AT TAMPA PALMS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **999 PONCE DE LEON BLVD, STE 950** **CORAL GABLES, FL 33134**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

On September 6, 2016 a complaint investigation (CCR#2016006822) was conducted at Memory Lane Cottage at Tampa Palms. No deficiencies were identified during the investigation. License #12675

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2016

Administrator
Memory Lane Cottage At Tampa Palms, LLC
999 Ponce De Leon Blvd, Ste 950
Coral Gables, FL 33134

RE: CCR #2016006822

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 6, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida