

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969102	(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER MEASE MANOR MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 603 VIRGINIA ST DUNEDIN, FL 34698	

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

0000 - Initial Comments

Assisted Living Facility

On November 8, 2016, an initial state licensure survey was conducted at Mease Manor, Inc., dba Mease Manor Memory Care. Mease Manor, Inc. had no deficient practice at the time of the survey.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

Administrator
Mease Manor Memory Care
603 Virginia St
Dunedin, FL 34698

Dear Administrator:

This letter reports the findings of an initial state licensure survey conducted on December 8, 2016, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

Sincerely,

Paul F. Brown

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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