

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/13/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967375	(X3) DATE SURVEY COMPLETED 12/07/2016
NAME OF PROVIDER OR SUPPLIER TALLAHASSEE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2767 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32309	

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

0000 - Initial Comments

An unannounced complaint survey, CCR 2016012388, was conducted at Tallahassee Memory Care (License # 11401) in Tallahassee, Florida on December 7, 2016. No deficient practice was identified at the time of the survey visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 14, 2016

Administrator
Tallahassee Memory Care
2767 Raymond Diehl Road
Tallahassee, FL 32309

RE: CCR #2016012388

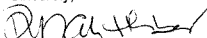
Dear Administrator:

This letter reports the findings of a complaint survey completed on December 7, 2016 by a representative 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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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