STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	12/20/2016
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

0000 - Initial Comments

An unannounced biennial standard survey was conducted on 19-20, 2016 at the Hill View Assisted Living Facility (license number 11636). Deficiencies were found at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews, family interview and staff interviews, the facility failed to ensure all residents have a face to face medical exam, recorded on AHCA form 1823, after a significant change in condition for 2 of 2 sampled residents (#1 and 9).

The finding are:

1. Record review for sampled resident #1 revealed the resident was admitted to the facility on . Review of the Resident Health Assessment for Assisted Living Facilities 1823 completed by the physician on revealed the resident needs assistance with ambulation, dressing and bathing.

A family interview via telephone was conducted with daughter of sampled resident #1 on at approximately 11:25AM. The daughter revealed the resident has been in the facility for over a year. She stated around this Thanksgiving holiday she suffered a change in her condition and now requires hospice care. She stated she has been on hospice for about one and a half weeks.

On at approximately 12:45PM an interview was conducted with sampled staff A, the resident's direct care staff. During the interview the staff revealed the resident now has to be fed by the staff or family, requires incontinence care, they bathe her when hospice does not bathe her, they have to turn and reposition her every 2 hours, she is dependent on the hospice staff or the facility staff to provide her activities of daily living (ADLs) care now.

Record review revealed there is not a new 1823 to reflect this change in condition and the record does not contain a hospice plan of care. Interview with the administrator on at approximately 12:58PM confirmed these findings and she was not aware she had to obtain AHCA Form 1823 for the significant change of enrollment in hospice.

2. A focused record review for sampled resident #9 revealed she was admitted to the facility on / . Review revealed the most recent Resident Health Assessment for Assisted Living Facilities 1823 was completed by the physician on / and the resident was independent with all ADLs. Record review revealed a Hospice Plan of Care and admit date to hospice of .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

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

Interview with sampled staff A, direct care staff, on 12/20/16 at approximately 1:05PM revealed the resident has been on hospice for the past several months. She receives the services of the hospice aide and the hospice nurse. She stated she was placed on hospice due to her and she now requires staff assistance with her bathing, transferring, and dressing and assistance with self administration of medications and prior to that she was independent with her ADLS.

Interview with the administrator on at approximately 1:20PM confirmed the resident does not have an AHCA Form 1823 to reflect the change of condition requiring hospice care and she was not aware she had to obtain AHCA Form 1823 for the significant change of enrollment in hospice.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and staff interview, the facility failed to ensure residents were allowed to exercise their civil liberties, to include the right to independent personal decisions during the admission process for 1 of 2 sampled residents (#3). The facility failed to obtain power of attorney documentation to ensure the resident's family had the appropriate power of attorney to admit the resident to the facility.

The findings are:

Record review for sampled resident #3 revealed the resident was admitted to the facility on . Review of the facility's contract with the resident revealed the facility contract was signed on by resident's brother who stated he had power of attorney over the resident. Review of the record failed to reveal paperwork/ documentation for that appointment.

Interview with the facility administrator was conducted on at approximately 1:06PM and confirmed she does not have documentation of the brother's power of attorney over the resident.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on staff record reviews, observations and interview the facility failed to maintain documentation to ensure newly hired staff submitted a written statement from a health care provider documenting that the staff did not have any signs or symptoms of communicable for 3 of 4 sampled staff (A, B and C). The facility failed to maintain documentation of a negative examination for 2 of 4 sampled staff (A and B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

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

The findings are:

Record review for sampled staff A, a direct care staff and a certified nurses' assistant, revealed she was hired in . Record review for sampled staff B, one of the facility's cooks, revealed she was hired / . Review of the staff record for sampled staff C revealed she is a direct care staff with a hire date of . Reviews revealed the staff records did not contain a written statement from a health care provider documenting that the staff did not have any signs or symptoms of communicable .

Record review for sampled staff A and B revealed neither staff had documentation of a negative examination since their hire dates.

Observations on beginning at approximately 9:30AM revealed all three of these staff working and providing services to the residents during the day shift.

On beginning at approximately 1:23PM, an interview was conducted with the facility administrator regarding staffs' communicable statements and examinations. During the interview the facility administrator reviewed the records for sampled staff A, B and C and she confirmed the above findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record reviews and interview the facility failed to ensure a staff member who has a current valid First Aid and ( ) card is in the facility at all times.

The findings are:

On / the surveyor entered the facility unannounced at approximately 9:20AM. The surveyor met the three day shift staff present in the facility at that time, sampled staff A, B, and C. On at approximately 9:25AM the facility administrator entered the facility; she left the facility to return to her nearby home due to illness at approximately 10:30AM and she did not return to the facility. Record review for sampled staff A, B and C failed to reveal that staff have a valid, current card documenting completion of First Aid and courses as required.

On / beginning at approximately 1:30PM an interview was conducted with the facility administrator concerning the staffs' completion of First Aid and courses. During the interview she

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

SUMMARY STATEMENT OF DEFICIENCIES
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confirmed sampled staff A, B, and C were the day shift staff for and that upon review of their staff records she confirmed their records did not contain documentation of a a valid, current card documenting completion of First Aid and courses. Interview revealed she has been talking with someone to provide these courses in the near future. Record review of the administrator's record revealed she has a valid card which expires .

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observations, staff record reviews and interview the facility administrator failed to maintain documentation to ensure 1 of 4 sampled staff, who provides direct care to residents and is not a licensed nurse, certified nurses' assistant or home health aide received the required inservice training in control, activities of daily living and behavioral needs (C). The facility administrator failed maintain documentation to ensure 3 of 4 sampled direct care staff (A, B, and C) received inservices concerning resident rights and recognizing and reporting resident , neglect, and . The facility administrator failed to maintain documentation to ensure 2 of 4 sampled direct care staff, who prepares and serves food, received the nutritional and safe food handling inservices (A and C).

The findings are:

Record review for sampled staff C revealed she provides direct care to residents and she is not a licensed nurse, certified nurses' assistant or home health aide and was hired on . Review of the staff's record failed to reveal any documentation of the required one hour inservice training concerning control. The staff record did not contain documentation ensuring this staff had received the required 1 hour inservice training covering resident rights and recognizing and reporting resident , neglect and . The staff record did not contain documentation ensuring this staff had received the required 3 hours of inservice training covering activities of daily living and resident behaviors and needs. There was no documentation the staff had received the required 1 hour of training covering nutritional and safe food handling. On at approximately 3:00PM the staff was observed to be preparing the afternoon snacks for the residents.

Record review for sampled staff A revealed she is a certified nurses assistant and has not taken the core training program and was hired in . Review failed to reveal documentation the staff had received the required one hour training covering resident rights and recognizing and reporting resident , neglect and . On at approximately 4:30PM this staff was observed to be preparing the evening meal for the residents. Record review for this staff failed to reveal documentation of the required nutritional and safe food handling inservices.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

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

Record review for sampled staff B revealed she was hired on / . Review failed to reveal documentation that this staff had received inservice training covering recognizing and reporting resident , neglect, and , and resident rights.

On beginning at approximately 1:23PM, an interview was conducted with the facility administrator concerning the staffs inservice training. During the interview the administrator reviewed the records of sampled staff A, B and C and confirmed the above findings.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observations, staff record reviews and interview, the facility failed to ensure 3 of 4 sampled staff (A, B, C) have a valid, current card documenting completion of First Aid and ( ) courses and the facility failed to ensure a staff member who has a valid and current card documenting completion of First Aid and courses is in the facility at all times.

The findings are:

On the surveyor entered the facility unannounced at approximately 9:20AM. The surveyor met the three day shift staff present in the facility at that time, sampled staff A, B, and C. On at approximately 9:25AM the facility administrator entered the facility; she left the facility to return to her nearby home due to illness at approximately 10:30AM and she did not return to the facility. Record review for sampled staff A, B and C failed to reveal the staff had a valid, current card documenting completion of First Aid and courses as required.

On / beginning at approximately 1:30PM an interview was conducted with the facility administrator concerning the staffs' completion of First Aid and courses. During the interview she confirmed sampled staff A, B, and C were the day shift staff for and that upon review of their staff records she confirmed their records did not contain documentation of a valid, current card documenting completion of First Aid and courses. Interview revealed she has been talking with someone to provide these courses in the near future. Record review of the administrator's record revealed she has a valid card which expires .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	12/20/2016
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on staff record reviews and administrator interview the facility failed to maintain documentation that unlicensed staff, who provide assistance with self-administrator medications, meet the training requirements for 2 of 3 sampled staff who provide such service. (A and D)

The findings are:

On beginning at approximately 11:05AM sampled staff A was observed to appropriately assist sampled residents # 3, 6 and 8 with self-administration of their medications. Review of sampled staff A's record failed to reveal documentation of completion of the initial 4 hour training for assisting residents with self-administration of medication nor the 2 hour annual update.

Record review for sampled staff D revealed documentation she had received the 2 hour annual update training for assisting residents with self-administration of medication on . The record did not contain documentation of any further annual training after / .

On beginning at approximately 1:25PM an interview was conducted with the facility director concerning the training of unlicensed staff assisting residents with self administered medications. During this interview the facility administrator reviewed the staff records for sampled staff A and C and she confirmed they each assist residents with self administration of medications. She confirmed these staff records did not contain documentation of the required training. She further stated the staff are to receive the training on / .

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on staff record reviews and administrator interview the facility failed to maintain documentation to ensure direct care staff received the required training covering the facility's policy and procedures regarding for 2 of 4 sampled staff (A and C).

The finding are:

Record review for sampled staff A, a direct care staff and certified nurses assistant, revealed she was hired in 2015. Record review for sampled staff C, a direct care staff, revealed she was hired on . Review failed to reveal either of the staffs' records had documentation stating the staff had received the required training covering the facility's policy and procedures regarding

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	12/20/2016
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

Orders.

On 12/20/16 beginning at approximately 1:23PM, an interview was conducted with the facility administrator regarding inservice training covering . During this interview the administrator confirmed she was unable to provide documentation either of these staff had received the training in the facility's policy and procedures regarding .

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interviews, the facility failed to ensure and to maintain documentation the regular and therapeutic menus used by the facility were reviewed annually by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards.

The findings are:

Review of the current menus with the facility cook, sampled staff B on at approximately 1:52PM revealed the most recent menus approved by the registered dietician on / . Interview with the facility administrator on at approximately 1:15PM confirmed the facility's menus have not been approved annually as required as the last approved menus were done on / .

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record reviews and interviews the facility failed to ensure documentation of residents weights, semi-annually, for those residents receiving assistance with the activities of daily living for 2 of 4 sampled residents (#1 and #2).

The findings are:

Record review for sampled resident #1 revealed she was admitted to the facility on . Record review revealed the only documentation of weight was on the Resident Health Assessment for Assisted Living Facilities 1823 completed by the physician on at 122 pounds. This 1823 form also revealed resident #1 needs assistance with ambulation, dressing and bathing. Record review failed to reveal any documentation of weight past .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

Record review for sampled resident #2 revealed she was admitted to the facility on / . Record review revealed documentation of the resident's weight for at 160. The chart revealed a Resident Health Assessment for Assisted Living Facilities 1823 completed by the physician on with a recorded weight of 172. The physician documented the resident needs assistance with ambulation and assistance with bathing. Record review failed to reveal any documentation of weights since .

An interview was conducted with sampled staff A, direct care staff , on at approximately 1:15PM. She was asked how often they weigh the residents. The staff stated we only weigh the residents if they have a doctor's order to do so. Interview with the facility administrator at approximately 1:20PM confirmed sampled staff A's interview. She stated the facility staff only weigh the residents if they have a physician's order to do so. She stated she was not aware those residents who receive assistance needed documentation of their weight every 6 months.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	12/20/2016
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2** **GRACEVILLE, FL 32440**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record reviews and staff interview the facility failed to maintain documentation of level 2 background screening of staff who provide personal care or personal services directly to residents for 2 of 4 sampled staff (A and D). The facility failed to maintain documentation of a direct care staff was appropriately rescreened for level 2 background screening. (D)

The findings are:

Observations on beginning at approximately 9:30AM revealed staff A working and providing services to the residents during the day shift.

A record review for background screen was conducted for sampled staff A, a direct care staff and a Certified Nursing Assistant with a hire date of . The record failed to revealed documentation of the required level II background screening.

Record review was done for sampled staff D, a direct care staff with the hire date of . The record revealed documentation of an eligible level II background screening of / . The record failed to reveal documentation of the required rescreening of this staff by / .

On beginning at approximately 1:23PM, an interview was conducted with the facility administrator regarding level II background screens for direct care staff. During the interview the facility administrator reviewed the records for sampled staff A and D. The facility administrator confirmed sampled staff A's record did not contain documentation of the required level II background screening and confirmed they provide direct care and personal care to the facility's residents. During the interview the facility administrator also confirmed sampled staff D had not received the appropriated required rescreening for level II background. The administrator stated the staff were scheduled to obtain their level II background screens a few days ago; but they had to be canceled due to unforeseen circumstances.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview with the facility administrator the facility failed to register with the background screening clearinghouse and register the appropriate facility employees.

The findings are:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

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

The field office supervisor notified the surveyor that as of 12/16/16 the facility does not have any employees listed in the background screening clearinghouse.

On at approximately 9:36AM an interview was conducted with the facility administrator concerning staff level II background screening and at that time she revealed she has not been able to register within the clearinghouse and maintain the employment status of all her employees as required.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record reviews and staff interview the facility failed ensure all staff who provide personal care or personal services directly to residents had a current level 2 background screening for 2 of 4 sampled staff (C & D).

The findings are:

Observations on beginning at approximately 9:30AM revealed staff C working and providing services to the residents during the day shift.

A record review was done for sampled staff C, a direct care staff, with a hire date of the . The record failed to reveal documentation of the required level II background screening. A review of the background screening website also failed to reveal a current background screen for staff C.

Record review was done for sampled staff D, a direct care staff, with the hire date of . The record revealed documentation of an eligible level II background screening of / . The record failed to reveal documentation of the required rescreening. A review of the background screening website revealed the statement, "Awaiting Privacy Policy" and a screening conducted on .

On beginning at approximately 1:23PM, an interview was conducted with the facility administrator regarding level II background screens for direct care staff. During the interview the facility administrator reviewed the records for sampled staff C and D. The facility administrator confirmed sampled staff C's record did not contain documentation of the required level II background screening and confirmed they provide direct care and personal care to the facility's residents. During the interview the facility administrator also confirmed sampled staff D had not received the appropriated required rescreening for level II background. The administrator stated the staff were scheduled to obtain their level II background screens a few days ago; but they had to be canceled due to unforeseen

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	**12/20/2016**
NAME OF PROVIDER OR SUPPLIER **HILL VIEW ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3854 HIGHWAY 2 GRACEVILLE, FL 32440**	

SUMMARY STATEMENT OF DEFICIENCIES
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circumstances.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on staff record reviews and interview the facility failed maintain documentation of the signed the Affidavit of Compliance with Background Screening Requirements AHCA Form #3100- required by Section 435.05(2) of the Florida Statutes for 1 of 4 sampled staff (#B).

The findings are:

Record review for sampled staff B, one of the facility's cooks, revealed the staff was hired on / . Record review failed to reveal documentation of the staff's signed Affidavit of Compliance with Background Screening Requirements AHCA Form #3100- required by Section 435.05(2) of the Florida Statutes. On at approximately 1:27PM, an interview was conducted with the facility administrator regarding the required signed affidavit by the staff. During the interview the facility administrator confirmed sampled staff B's record did not contain documentation of the staff's signed Affidavit of Compliance with Background Screening Requirements AHCA Form #3100-0008 2010.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Hill View Assisted Living
3854 Highway 2
Graceville, FL 32440

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 19 and 20, 2016 by a representative of this office.

Attached 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 , 2017.** 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 me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

XG90

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