

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910431	(X3) DATE SURVEY COMPLETED R-C 12/10/2018
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 December 10, 2018, an unannounced follow-up to the complaint investigation (CCR#2018016073) survey was conducted at Tangerine Cove of Brooksville Assisted Living Facility (License #7622), Brooksville, FL. No deficient practice was identified at the time of the survey.