

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 12/17/2013  
FORM APPROVED

|                                                                                                        |                                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967375</b>                             | (X3) DATE SURVEY COMPLETED<br><br><b>11/26/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tallahassee Memory Care</b>                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2767 Raymond Diehl Road<br/>Tallahassee, FL 32309</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                       |                                                     |

0000-Initial Comments

A limited nursing services (LNS) monitoring survey was conducted at Tallahassee Memory Care on 11/26/13.  
There were no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 17, 2013

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

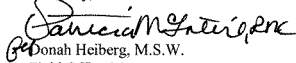
Dear Administrator:

This letter reports findings of a state licensure limited nursing services (LNS) monitoring survey and complaint follow-up conducted on November 26, 2013 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

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

DH/pm  
Enclosure

IGGN

