

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/04/2022
NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS ALZHEIMER'S SPECIAL CARE CE			STREET ADDRESS, CITY, STATE, ZIP CODE 2724 OX BOTTOM RD TALLAHASSEE, FL 32312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced revisit to a complaint investigation (complaint numbers 2022007864 and 2022011821) was conducted by desk review for Azalea Gardens Alzheimer's Special Care Center on 10/4/2022. Based on an acceptable plan of correction and supporting documentation, the deficiency was found to be corrected at the time of the desk review.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE