

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER FERVENT LOVE ASSISTED LIVING FACILITY LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2581 BUSSMAN DR TALLAHASSEE, FL 32309			
(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 On 5/23/24, an announced initial survey was conducted at Fervent Love Assisted Living Facility LLC, an assisted living facility in Tallahassee, FL, for licensure for assisted living services. A review of the limited mental health and limited nursing services was also performed. Recommendation is made for the facility to receive a license for assisted living services. At the time of the survey, there were no areas of concern identified.	A 000			

AHCA Form 3020-0001

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

TITLE

(X6) DATE