

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969126	(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER TAPESTRY SENIOR LIVING OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 2516 W LAKESHORE DR CENTERVILLE, FL 32312	

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

0000 - Initial Comments

An announced initial survey was conducted at Tapestry Senior Living of Tallahassee on 12/8/16. At the time of survey there were no deficiencies identified.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 12, 2016

Administrator
Tapestry Senior Living Of Tallahassee
2516 W Lakeshore Dr
Tallahassee, FL 32312

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on December 8, 2016 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

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