STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	R **01/31/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 JOHN KNOX ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

On January 31, 2017, a desk review revisit survey was conducted for the Extended Congregate Care Monitoring survey of December 9, 2016 at Harborchase of Tallahassee(license number 9730). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.