

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968108	(X3) DATE SURVEY COMPLETED 02/08/2017
NAME OF PROVIDER OR SUPPLIER L & L ASSISTED LIVING COMMUNITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 CHAIRES CROSS RD TALLAHASSEE, FL 32317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced extended congregate care monitoring visit was conducted on 2/8/17 at L&L Assisted Living Facility (license #12087). At the time of the monitoring, there were no deficiencies identified.		