STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967375	**02/03/2017**
NAME OF PROVIDER OR SUPPLIER **TALLAHASSEE MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2767 RAYMOND DIEHL ROAD** **TALLAHASSEE, FL 32309**	

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

0000 - Initial Comments

A Limited Nursing Service monitoring visit was conducted at Tallahassee Memory Care in Tallahassee Florida on 2/3/17. No deficient practice was identified at the time of the survey visit. License # 11401.