

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/27/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED 05/16/2017
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 An unannounced complaint survey for allegations contained within CCR2017002909 was conducted in conjunction with a biennial survey at Harbor Chase of Tallahassee Assisted Living Facility (license number 9730) from 5/15/17 through 5/16/17. Deficient practice was identified related to the biennial survey.		