STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967024	R **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **LA GRANDE BELLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5898 ORCHARD POND ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

On June 28, 2017 an unannounced second revisit survey was conducted at La Grande Belle assisted living facility, license#11123. This was a follow-up to the biennial survey dated 3/23/17 and first revisit dated 5/16/17. Previously cited deficiencies were found corrected at the time of the second revisit.