STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968108	R **07/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L & L ASSISTED LIVING COMMUNITY INC	**4211 CHAIRES CROSS RD** **TALLAHASSEE, FL 32317**

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

0000 - Initial Comments

On 7/25/17, a desk review second revisit survey was conducted for the licensure survey dated 4/20/2017. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.