STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	R **08/25/2017**
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

On 8/25/17, a desk review revisit survey was completed for the biennial survey with specialty license for extended congregate care in conjunction with a complaint survey for allegations contained within CCR2017002909 at Harbor Chase of Tallahassee Assisted Living Facility (license number 9730) dated 5/16/17. Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.