STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969276	**08/24/2017**
NAME OF PROVIDER OR SUPPLIER **AZALEA GARDENS ALZHEIMER'S SPECIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2724 OX BOTTOM RD** **TALLAHASSEE, FL 32312**	

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

0000 - Initial Comments

An announced initial licensure survey including Limited Nursing Services and Extended Congregate Care was conducted on 8/24/17 at Azalea Gardens Alzheimer's Special Care, Assisted Living Facility. At the time of survey there were no deficiencies identified.