STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965356	**09/18/2017**
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 monitoring survey for extended congregate care was conducted at Harborchase of Tallahassee assisted living facility, license # 9730, on 9/18/17. At the time of the survey, no deficient practice was identified.