

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969126	(X3) DATE SURVEY COMPLETED 09/18/2017
NAME OF PROVIDER OR SUPPLIER TAPESTRY SENIOR LIVING OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 2516 W LAKESHORE DR TALLAHASSEE, FL 32312	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR# 2017008836 was conducted at Tapestry Senior living, license #12941, in Tallahassee FL on 9/18/2017. At the time of the survey, no deficient practice was identified.