STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969325	**01/04/2018**
NAME OF PROVIDER OR SUPPLIER **CLARITY POINTE TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1060 CLARITY POINTE** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An initial survey was conducted at Clairty Pointe Assisted Living Facility, no license number at this time, in Tallahassee FL on 1/4/2018. At the time of the survey, the facility meets the initial necessary requirements, no deficient practice was identified.