STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969126	**12/14/2017**
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 Limited Nursing Service monitoring visit was conducted at Tapestry Senior Living of Tallahassee in Tallahassee, Florida on 12/14/17. No deficient practice was identified at the time of the survey visit.