

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED 01/12/2018
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

On January 11-12, 2018, an unannounced complaint survey for allegations contained within CCR#2017013515 was conducted at Harborchase of Tallahassee (license #9730). This survey was conducted in conjunction with an Extended Congregate Care monitoring visit. Deficient practice was not identified at the time of the survey.