STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967375	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **TALLAHASSEE MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2767 RAYMOND DIEHL ROAD** **TALLAHASSEE, FL 32309**	

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

0000 - Initial Comments

An unannounced abbreviated biennial licensure survey with a specialty license for Limited Nursing Services was conducted at Tallahassee Memory Care Assisted Living Facility, license #11401 on 1/16/18. At the time of survey there were no deficiencies identified.