

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968108	(X3) DATE SURVEY COMPLETED 05/31/2018
NAME OF PROVIDER OR SUPPLIER L & L ASSISTED LIVING COMMUNITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 CHAIRES CROSS RD TALLAHASSEE, FL 32317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care monitoring visit was conducted on 5/31/2018 at L&L Assisted Living Facility (license #12087). At the time of the monitoring, there were no deficiencies identified.		