STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969379	**06/20/2018**
NAME OF PROVIDER OR SUPPLIER **TAPESTRY SENIOR LIVING WALDEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3080 WALDEN ROAD** **TALLAHASSEE, FL 32317**	

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

0000 - Initial Comments

An announced initial survey to include specialty license for Limited Nursing Services was conducted at Tapestry Senior Living Walden on 6/20/18. At the time of survey there were no deficiencies identified.