STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969325	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **YOURLIFE OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1060 CLARITY POINTE** **TALLAHASSEE, FL 32308**	

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

0000 - Initial Comments

An unannounced initial Extended Congregate Care survey (application #71105) was conducted on June 18, 2018 at YourLife of Tallahassee (license #13113). No deficient practice was identified at the time of the survey.