STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969276	**07/20/2018**
NAME OF PROVIDER OR SUPPLIER **AZALEA GARDENS ALZHEIMER'S SPECIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2724 OX BOTTOM RD** **TALLAHASSEE, FL 32312**	

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

0000 - Initial Comments

An unannounced monitoring visit to complete a generator assessment was conducted on 7/20/2018 at Azalea Gardens Alzheimer's Special Care Center in Tallahassee, FL. At the time of the survey, there were no deficiencies identified.