

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967375	(X3) DATE SURVEY COMPLETED R 07/27/2018
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

On July 27, 2018, a desk review revisit was conducted to the Complaint survey (CCR# 2018006516) ending on June 6, 2018 at Tallahassee Memory Care, license #11401. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.