

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965356	(X3) DATE SURVEY COMPLETED R 11/07/2018
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 100 JOHN KNOX ROAD TALLAHASSEE, FL 32303	

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

0000 - Initial Comments

On November 07, 2018, a desk review revisit survey was completed for the complaint survey, CCR# 2018010524, ending October 3, 2018 at Harborchase of Tallahassee Assisted Living Facility (License# 9730). Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.