STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969126	**10/24/2018**
NAME OF PROVIDER OR SUPPLIER **TAPESTRY SENIOR LIVING OF TALLAHASSEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2516 W LAKESHORE DR** **TALLAHASSEE, FL 32312**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018015098 & CCR#2018015089 was conducted on 10/24/2018 at Tapestry Senior Living of Tallahassee. At the time of the survey, no deficient practice was identified.