STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969126	R **11/16/2018**
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

On November 16, 2018, a desk review revisit survey was completed for the bienniel licensure survey ending September 26, 2018 at Tapestry Senior Living of Tallahassee. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.