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 complaint survey, CCR#2018012513 and 2018013996, ending September 26, 2018 at Tapestry Senior Living of Tallahassee. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.