| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969379** | **11/14/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**TAPESTRY SENIOR LIVING WALDEN** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3080 WALDEN ROAD**<br>**TALLAHASSEE, FL 32317** | |

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

**0000 - Initial Comments**

On November 14, 2018, an unannounced monitoring survey for Limited Nursing Services and a generator assessment was conducted at Tapestry Senior Living Walden. There was no deficient practice identified at the time of the survey.