

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969325	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER YOURLIFE OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 1060 CLARITY POINTE TALLAHASSEE, FL 32308	

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

0000 - Initial Comments

On November 14, 2018, an unannounced monitoring survey for Extended Congregate Care and a generator assessment was conducted at Yourlife of Tallahassee. There was no deficient practice identified at the time of the survey.