STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969276	R **01/10/2019**
NAME OF PROVIDER OR SUPPLIER **AZALEA GARDENS ALZHEIMER'S SPECIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2724 OX BOTTOM RD** **TALLAHASSEE, FL 32312**	

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

0000 - Initial Comments

A desk review revisit was conducted on 01/10/2019 for Azalea Gardens Azheimer's Special Care Center. This was a follow-up to an initial Extended Congregate Care survey and Limited Nursing Services monitoring visit originally completed on 01/03/2019. Based on an acceptable plan of correction and supporting evidence, the previously cited deficiency was found to be corrected at the time of the desk review.