

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969325	(X3) DATE SURVEY COMPLETED 03/06/2019
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

An unannounced complaint survey (CCR# 2019000693) was conducted at Your Life of Tallahassee Assisted Living Facility on 3/6/19. At the time of survey, no deficiencies were identified.