

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969276	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS 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 An unannounced complaint investigation, for allegations contained within complaint #2019002264 and #2019004031, was conducted on at Azalea Gardens Special Care Center. No deficient practice was identified at the time of the survey.		