

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969519	(X3) DATE SURVEY COMPLETED 05/20/2019
NAME OF PROVIDER OR SUPPLIER VILLAS AT KILLEARN LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE KILLEARN LAKES TERR TALLAHASSEE, FL 32312	

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

0000 - Initial Comments

An announced initial licensure survey with Extended Congregate Care services was conducted at Villas At Killearn Lakes on 5/20/19. At the time of survey there were no deficiencies identified.