

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969126	(X3) DATE SURVEY COMPLETED R 05/28/2019
NAME OF PROVIDER OR SUPPLIER TAPESTRY SENIOR LIVING OF TALLAHASSEE	STREET ADDRESS, CITY, STATE, ZIP CODE 2516 W LAKESHORE DR TALLAHASSEE, FL 32312	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On May 28, 2019, a desk review revisit survey was completed for licensure complaint survey (#2019001642, #2019002466 and #2019003561) ending April 18, 2019 at Tapestry Senior Living of Tallahassee. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.		