Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970441	A. BUILDING: _____ B. WING _____	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERVENT LOVE ASSISTED LIVING FACILITY L	2581 BUSSMAN DR TALLAHASSEE, FL 32309

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced biennial survey was conducted at Fervent Love Assisted Living Facility in Tallahassee, FL on 6/16/2026 - 6/17/2026. A review of the comprehensive emergency management plan, generator assessment and specialty licenses for limited nursing services, extended congregate care, and limited mental health was performed during this visit. At the time of survey, there were no deficiencies identified.	A 000		