

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/03/2013  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910101</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>09/24/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tender Loving Care Retirement<br/>Residence</b>                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>747 Bon Air St<br/>Lakeland, FL 33805</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Revisit Corrected Tags:**

0025-Resident Care - Supervision-09/24/2013  
0165-Risk Mgmt & Qa; Adverse Incident Report-09/24/2013



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 3, 2013

Administrator  
Tender Loving Care Retirement Residence  
747 Bon Air St  
Lakeland, FL 33805

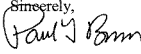
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 24, 2013, by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,  
  
for Patricia Reid Cauffman  
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

