

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/07/2013  
FORM APPROVED

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968108</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>10/01/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>L &amp; L Assisted Living Community<br/>Inc</b>                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4211 Chaires Cross Rd<br/>Tallahassee, FL 32317</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Revisit Corrected Tags:**

0161-Records - Staff-10/01/2013

0000-Initial Comments

On October 1, 2013 an unannounced entry was made into 4211 Chaires Cross Road, Tallahassee, Florida for purposes of conducting a fourth follow-up visit and an Extended Congregate Care Monitoring visit. The facility had no deficiencies at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 7, 2013

Administrator  
L & L Assisted Living Community Inc  
4211 Chaires Cross Rd  
Tallahassee, FL 32317

Dear Administrator:

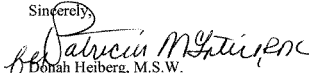
This letter reports the findings of a 3rd state licensure revisit to the ECC monitoring visit of May 1, 2013 conducted on October 1, 2013 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 me at 850-412-4540.

Sincerely,

  
Donah Heiberg, M.S.W.  
Field Office Manager

DH/pm  
Enclosure

J5XD

