

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 01/02/2014  
FORM APPROVED

|                                                                                                        |                                                                                                |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968512</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>01/02/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tomlin's Luxurious Living, Llc</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1301 North 47th Avenue<br/>Hollywood, FL 33021</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**St - A - 0000 - - Initial Comments**

0000-Initial Comments

An Initial Limited Nursing Services (LNS) survey was completed on 01/02/2014 at the Tomlin's Luxurious Living Assisted Living Facility. The facility had no deficiencies found at the time of the visit.

At the time of the survey, there were no residents receiving Limited Nursing Services.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 08, 2014

Administrator  
Tomlin's Luxurious Living, LLC  
1301 North 47th Avenue  
Hollywood, FL 33021

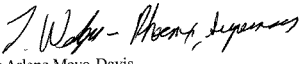
Dear Administrator:

This letter reports the findings of an initial Licensure survey with Limited Nursing Services conducted on January 2, 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD/dso  
Enclosure: State form 5000-3547

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Headquarters  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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Delray Beach Field Office  
5150 Linton Boulevard, Suite 500  
Delray Beach, FL 33484  
Phone (561) 381-5840; Fax (561) 496-5924