STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**03/21/2014**
NAME OF PROVIDER OR SUPPLIER **Tender Loving Care Retirement Residence**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 Bon Air St** **Lakeland, FL 33805**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014000262, was completed in conjunction with a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) on 03/20/14 & 03/21/14.

The Tender Loving Care Retirement Residence, assisted living facility, had no deficiencies cited related to the complaint survey. Deficiencies were cited relative to the CHOW with LNS.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2014

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

Dear Administrator:

Re: **CCR# 2014000262** & CHOW with LNS

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that were conducted on March 20-21, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies that were identified relative to the CHOW with LNS. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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