

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/30/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968108	(X3) DATE SURVEY COMPLETED 05/28/2014
NAME OF PROVIDER OR SUPPLIER L & L Assisted Living Community Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 4211 Chaires Cross Rd Tallahassee, FL 32317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Extended Congregate Care monitoring visit was conducted at L & L Assisted Living Facility in Tallahassee, Florida, on May 28, 2014. No deficiencies were found at the time of the survey.

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

May 30, 2014

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

ECC MONITORING

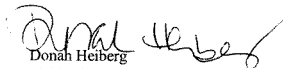
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 28, 2014 by representative(s) of 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.

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 me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

