

|                                                                                                        |                                                                                          |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968344</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>09/16/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Lifestyle Living #1</b>                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3513 Polk Street<br/>Hollywood, FL 33021</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                          |                                                     |

**Revisit Corrected Tags:**

0054-Medication - Records-09/16/2014

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced follow-up licensure survey was conducted on 09/16/14 at Lifestyle Living #1, Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

September 19, 2014

Administrator  
Lifestyle Living #1  
3513 Polk Street  
Hollywood, FL 33021

**RE: Relicensure Survey Revisit**

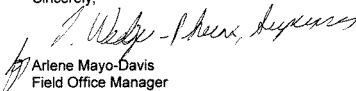
Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted on September 16, 2014 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

