STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	10/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tlc Assistant Living Facility Inc	3900 Sw 122 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-10/08/2014
0026-Resident Care - Social & Leisure Activities-10/08/2014
0030-Resident Care - Rights & Facility Procedures-10/08/2014
0055-Medication - Storage And Disposal-10/08/2014
0078-Staffing Standards - Staff-10/08/2014
0079-Staffing Standards - Levels-10/08/2014
0080-Training - Core & Competency Test-10/08/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/08/2014
0085-Training - Nutrition & Food Service-10/08/2014
0152-Physical Plant - Safe Living Environ/other-10/08/2014
0160-Records - Facility-10/08/2014
0162-Records - Resident-10/08/2014
0164-Records - Inspection Availability-10/08/2014
L242-Lmh - Responsibilities Of Facility-10/08/2014
Z815-Background Screening; Prohibited Offenses-10/08/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 10/08/14. TLC Assisted Living Facility had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 15, 2014

Administrator
Tlc Assistant Living Facility Inc
3900 Sw 122 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on October 8, 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/ve
Enclosure

DT9D

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