

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910101	(X3) DATE SURVEY COMPLETED 10/29/2014
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

Limited Nursing Services (LNS) monitoring visit on 10/29/14

Tender Loving Care Retirement Residence, had no deficiencies identified during the monitoring visit



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

November 4, 2014

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

Dear Administrator:

This letter reports findings of a limited nursing services (LNS) monitoring visit that was conducted on October 29, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FW

Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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