

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968512	(X3) DATE SURVEY COMPLETED 06/17/2015
NAME OF PROVIDER OR SUPPLIER TOMLIN'S LUXURIOUS LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 NORTH 47TH AVENUE HOLLYWOOD, FL 33021	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on 06/17/2015 at Tomlin's Luxurious Living Assisted Living Facility. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 30, 2015

Administrator
Tomlin's Luxurious Living, LLC
1301 North 47th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports findings of a Limited Nursing Services (LNS) monitoring survey that was conducted on June 17, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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