

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/09/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968108	(X3) DATE SURVEY COMPLETED 07/01/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced extended congregate care monitoring (in conjunction with a revisit to the biennial survey) was conducted on 7/1/15 at L & L Assisted Living Facility. At the time of the monitoring, there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 13, 2015

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

RE: ECC MONITORING

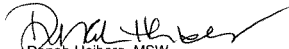
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 1, 2015 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, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

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