

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967668	(X3) DATE SURVEY COMPLETED 09/28/2015
NAME OF PROVIDER OR SUPPLIER NINI'S TLC CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 5118 EL DORADO DRIVE TAMPA, FL 33615	

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

0000 Initial Comments

Assisted Living Facility

An unannounced abbreviated Biennial licensure survey was conducted on 9/28/15.

The Nini ' s TLC Corp, Assisted Living Facility, had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2015

Administrator
Nini's TLC Corp
5118 El Dorado Drive
Tampa, FL 33615

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey that was conducted on September 28, 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For

Patricia Reid Cauffman
Field Office Manager

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

