

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968512	(X3) DATE SURVEY COMPLETED 07/28/2016
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NAME OF PROVIDER OR SUPPLIER TOMLIN'S LUXURIOUS LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 NORTH 47TH AVENUE HOLLYWOOD, FL 33021
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000	Initial Comments
A monitoring inspection survey was conducted on 7-28-16. The Tomlin's Luxurious Living assisted living facility, license number 12386 was found to be in compliance during this visit.	



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

August 16, 2016

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

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a state monitoring survey that was conducted on July 28, 2016 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/
Enclosure: State form 5000-3547

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