

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969034	(X3) DATE SURVEY COMPLETED 08/03/2016
NAME OF PROVIDER OR SUPPLIER LIVING WELL SENIOR CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2006 WRANGLER DR BRANDON, FL 33511	

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

0000 Initial Comments

Assisted Living Facility

On August 3, 2016, an initial licensure survey was conducted at Living Well Senior Care, LLC. Living Well Senior Care, LLC, had no deficiencies during the survey. Request for initial licensure is being recommended.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2016

Administrator
Living Well Senior Care LLC
2006 Wrangler Dr
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of an initial licensure survey conducted on August 3, 2016, 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 **Teresa Ryan, RNC**, at (727) 552-2000.

Sincerely,


Patricia Reid-Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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