

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968108	(X3) DATE SURVEY COMPLETED 08/25/2016
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 was conducted on 8/25/16 at L & L Assisted Living Facility (license number AL12087). At the time of the monitoring, there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 31, 2016

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 25, 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kristi Camacho

For Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

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