

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968512	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER TOMLIN'S LUXURIOUS LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 NORTH 47TH AVENUE HOLLYWOOD, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 11/07/2017 for Tomlin's Luxurious Living, LLC, License # 12386. The facility had no deficiencies identified at the time of the survey.