

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968512	(X3) DATE SURVEY COMPLETED 10/30/2018
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 monitoring inspection was conducted on _____ at The Tomlin's Luxurious LLC, license#12386. The facility had a deficiency identified at the time of the survey. D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not ensuring its existing architectural and mechanical systems were properly installed and maintained. The findings are: In an observation on _____ at 1:10pm in the facility's living _____, there was a portable air conditioning unit with a duct attached to the exterior wall next to the doorway leading to the patio. Further observation of this air conditioning unit, its return air duct breached through this wall to the exterior part of the wall and it was connected to the interior part of the wall with black duct tape. Photographic evidence was obtained for this deficiency. In an interview with the Administrator on _____ at 1:20pm, she stated that the portable air conditioning unit in the living _____ its return air duct that breached the exterior wall of the living _____ installed without a local building permit. In an observation on _____ at 1:25pm in the facility's patio, the roof connecting the patio with the facility's building was deteriorated and in disrepair. Photographic evidence was obtained for this deficiency. In an interview with the Administrator on _____ at 1:30pm, she stated that she was aware that the roof connecting the facility's building to the patio's roof and related supporting columns were in disrepair. She stated that the facility did not adequately maintain the roof so as to prevent its present state of disrepair. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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

0000 - Initial Comments

A monitoring inspection was conducted on _____ at The Tomlin's Luxurious LLC, license#12386. The facility had a deficiency identified at the time of the survey.

D152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe and comfortable living environment to the residents by not ensuring its existing architectural and mechanical systems were properly installed and maintained.

The findings are:

In an observation on _____ at 1:10pm in the facility's living _____, there was a portable air conditioning unit with a duct attached to the exterior wall next to the doorway leading to the patio. Further observation of this air conditioning unit, its return air duct breached through this wall to the exterior part of the wall and it was connected to the interior part of the wall with black duct tape. Photographic evidence was obtained for this deficiency.

In an interview with the Administrator on _____ at 1:20pm, she stated that the portable air conditioning unit in the living _____ its return air duct that breached the exterior wall of the living _____ installed without a local building permit.

In an observation on _____ at 1:25pm in the facility's patio, the roof connecting the patio with the facility's building was deteriorated and in disrepair. Photographic evidence was obtained for this deficiency.

In an interview with the Administrator on _____ at 1:30pm, she stated that she was aware that the roof connecting the facility's building to the patio's roof and related supporting columns were in disrepair. She stated that the facility did not adequately maintain the roof so as to prevent its present state of disrepair.

Class III