STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968512	R **01/08/2019**
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 unannounced monitoring revisit inspection was conducted on 01-08-2019. The Tomlin's Luxurious Living, LLC assisted living corrected the previously cited deficiency.