STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968512	**04/10/2019**
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

An unannounced abbreviated Relicensure survey was conducted on at Tomlins Luxurious Living, llc. The facility had a deficiency identified at the time of the survey.

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members received 1 hour of training on the facility's policy and procedure regarding ( ), for 1 out of 2 sampled staff records reviewed (Staff A).

The findings include:

Record review on revealed that Staff A was hired at the facility of , Further review revealed the file lacked documentation indicating completion of 1 hour of training in the facility's policy and procedure regarding within 30 days of employment.
A review of the facility staffing schedule for the week of - revealed that Staff A work Monday - Friday, 7:00 PM - 7:00 AM.

During an interview conducted on at 2:30 PM, with the Administrator, she confirmed the findings.

Class III