STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968512	**06/04/2019**
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 Limited Nursing Services Monitoring survey was conducted at Tomlin's Luxurious Living ALF, on 06/04/19 . The facility had no deficiencies at the time of the visit.