

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/21/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967740	(X3) DATE SURVEY COMPLETED 02/17/2014
NAME OF PROVIDER OR SUPPLIER Living Well Community Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 John Moore Road Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-02/17/2014
0078-Staffing Standards - Staff-02/17/2014
0081-Training - Staff In-Service-02/17/2014
0083-Training - First Aid And Cpr-02/17/2014
0090-Training - Do Not Resuscitate Orders-02/17/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 21, 2014

Administrator
Living Well Community, LLC
2222 John Moore Road
Brandon, FL 33511

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 17, 2014, by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State Form (5000-3547)

