Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965454	A. BUILDING _____ B. WING _____	09/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMMOND HOUSE OF DANIA	357 SE 6 ST DANIA BEACH, FL 33004

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Complaint Inspection #2012008500 A complaint inspection survey was conducted on 09/10/12. Hammond House of Dania had no licensure deficiencies related to the allegations at the time of the visit. Note: The complaint inspection was conducted in conjunction with the standard Biennial licensure survey and the revisit to CI #5305. Please refer to the separate reports.	A 000		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 24, 2012

Administrator
Hammond House of Dania
357 Se 6 St
Dania Beach, FL 33004

Re: CCR #2012008500

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 10, 2012 by representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, Form CMS-2567, and State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative . Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Monica Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

7MRZ

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