

10/31/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965454	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 10/30/2012
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Name of Facility

HAMMOND HOUSE OF DANIA

Street Address, City, State, Zip Code

357 SE 6 ST
DANIA BEACH, FL 33004

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 10/30/2012	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 10/30/2012	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 10/30/2012
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 10/30/2012	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 10/30/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 10/30/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency	<i>W. J. Smith</i>	11/2/12	<i>W. J. Smith for ANNETTE THOMAS</i>	11/2/12
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

9/10/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

November 1, 2012

Administrator
Hammond House Of Dania
357 SE 6th St
Dania Beach, FL 33004

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 30, 2012 by a representative from this office.

Attached is the provider's copy of the Revisit Report, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Monica Shuman-Smith
for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

J5XD

