STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967632	**06/29/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
DLM HOME CARE SERVICES ALF	**8416 BARRETT PLACE TAMPA, FL 33612**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Complaint survey (CCR#2015003586) was conducted on 6/29/15, in conjunction with a Biennial licensure survey.

The DLM Home Care Services ALF, Assisted Living Facility, had a deficiency at the time of this visit specific to the Biennial survey; the Complaint was not substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2015

Administrator
DLM Home Care Services ALF
8416 Barrett Place
Tampa, FL 33612

RE: CCR #2015003586

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 29, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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