STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967171	08/17/2015
NAME OF PROVIDER OR SUPPLIER **DP & B ENTERPRISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14290 SABAL DRIVE** **MIAMI LAKES, FL 33014**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on August 17, 2015. DP & B Enterprise with Limited Nursing Services and Limited Mental Health components had no deficiencies at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 31, 2015

Administrator
Dp & B Enterprise Inc
14290 Sabal Drive
Miami Lakes, FL 33014

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on August 17, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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