

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/09/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968755	(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER DAHLIA'S HOUSE OF LOVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3081 ELDRON BLVD NE PALM BAY, FL 32909	

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

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on 12/08/2016. Dahlia's House of Love LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 9, 2016

Administrator
Dahlia's House Of Love LLC
3081 Eldron Blvd Ne
Palm Bay, FL 32909

RE: LNS monitoring

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 8, 2016 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 Lorriane Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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