STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968676	**01/04/2017**
NAME OF PROVIDER OR SUPPLIER **ALL DUNN ASSISTANT LIVING, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5726-28 LINCOLN STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #201601163) was conducted on 1/4/2017 at All Dunn Assistant Living Inc. (License #12606). The facility had no deficiencies identified at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 20, 2017

Administrator
All Dunn Assistant Living, Inc.
5726-28 Lincoln Street
Hollywood, FL 33021

RE: CCR #2016011636

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 4, 2017 by a representative 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. **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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosures: State (5000-3547) form

7MRZ

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