

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965454	(X3) DATE SURVEY COMPLETED R 02/10/2017
NAME OF PROVIDER OR SUPPLIER D.R. HAMMOND ENTERPRISES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 357 SE 6 STREET DANIA BEACH, FL 33004	

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

0000 - Initial Comments

A desk review revisit survey was conducted on 2/10/17 at D.R. Hamond Enterprises. The facility had no deficiencies identified at the time of the survey.