

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964324	(X3) DATE SURVEY COMPLETED R 02/10/2017
NAME OF PROVIDER OR SUPPLIER HAMMOND HOUSE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5301 MCKINLEY STREET HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

An desk review revisit to CCR 2016009191 was conducted on 2/10/17 at Hammond House (License #8961). The facility had no deficiencies identified at the time of the survey.