STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964324	**06/21/2017**
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 unannounced re-licensure survey was conducted on Wednesday June 21, 2017 at The Hammond House, Inc. License #8961. The facility had no deficiencies at the time of the visit.