STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967632	R **07/17/2017**
NAME OF PROVIDER OR SUPPLIER **DLM HOME CARE SERVICES** **ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8416 BARRETT PLACE** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 7/17/17 to the abbreviated biennial survey of 6/07/17. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected.

(License # 11672)