STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967171	**11/30/2017**
NAME OF PROVIDER OR SUPPLIER **DP & B ENTERPRISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14290 SABAL DRIVE** **MIAMI LAKES, FL 33014**	

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

0000 - Initial Comments

An Abbreviated Survey was conducted on November 30, 2017. DP & B Enterprise with Limited Mental Health components had no deficiencies at time of survey.