STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965454	**09/19/2018**
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

An unannounced relicensure was attempted on . . . . . for D.R. Hammond Enterprise (Lic# 9929). A deficiency was identified at the time of the survey.

Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810(3-4) FS; 59A-35.100(1) FAC

Based on record review and interview, the facility failed to notify the Agency for Health Care Administration of the discontinuance of operation.

The Findings Included:

On . . . . . at 08:30AM a relicensure survey was attempted at the facility. On arrival to the facility, we were informed by the home owner, that the home was not a Assisted Living Facility. An interview was conducted with the Assistant Administrative of the facility who stated the facility has been closed since approximately . She stated she spoke to someone in the Tallahassee office who told her to submit a letter to the agency. She stated she mailed the letter several months ago. The Assistant Administrator provided a copy of a letter template that contained no date or other verifying information.

On at 5:00PM duing a interview with the Assistant Administrator, she acknowledged the findings.

Unclassified