

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/29/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968366	(X3) DATE SURVEY COMPLETED 01/27/2014
NAME OF PROVIDER OR SUPPLIER De Jay's Adult Care, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 700 Nw 65th Avenue Plantation, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

E206-Ecc - Service Plans-01/27/2014

E210-Ecc - Training-01/27/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 04, 2014

Administrator
De Jay's Adult Care, LLC
700 NW 65th Avenue
Plantation, FL 33317

Re: Revisit to Extended Congregate Care (ECC)
Monitoring

Dear Administrator:

This letter reports the findings of a State Licensure Survey Revisit conducted on January 27, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

