

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968366	(X3) DATE SURVEY COMPLETED 06/23/2014
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)		

0000-Initial Comments

An unannounced Extended Congregate Care (ECC) monitoring survey was conducted 06-24-2014 at DeJay's Adult Care Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 21, 2014

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

Re: Extended Congregate Care
Monitoring Visit

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on June 23, 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

1GGN

