

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968347	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Jerroll Care Assisted Living Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 107 Coffee St Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Capacity increase survey was conducted on 8/6/14. Jerroll Care had no deficiencies found pertaining to the capacity increase. Capacity increased from 5 residents to 6 residents.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2014

Administrator
Jeroll Care Assisted Living LLC
107 Coffee St SE
Palm Bay, FL 32909

RE: Expansion/bed increase from 5 to 6

Dear Administrator:

This letter reports findings of a state licensure expansion survey that was conducted on August 6, 2014 by representative(s) of 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in cursive script, appearing to read "Theresa DeCanio".

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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