

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968347	(X3) DATE SURVEY COMPLETED 10/15/2014
NAME OF PROVIDER OR SUPPLIER Jeroll 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)		

Revisit Corrected Tags:

N278-Lns - Records-10/15/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted at Jeroll Care Assisted Living on 10/15/2014. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2014

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

RE: Revisit to biennial with LNS

Dear Administrator:

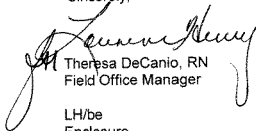
This letter reports the findings of a state licensure survey revisit conducted on October 15, 2014 by representative(s) of this office.

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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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