STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	10/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
De Jay's Adult Care, Llc	700 Nw 65th Avenue Plantation, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014007897 was conducted on 10/10/2014 at Dejay's Adult Care. The facility had no deficiencies found at the time of the visit.

This survey was conducted in conjunction with the Extended Congregrate Care (ECC) survey on the same date. Please refer to separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2014

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

RE: CCR #2014007897

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on October 10, 2014 by a representative from this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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