AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966189	08/06/2015
NAME OF PROVIDER OR SUPPLIER **JENNIFER'S HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 76 DRIVE** **TAMARAC, FL 33321**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Assisted Living Facility complaint survey (CCR#2015004796) was conducted on 8/6/15. Jennifer's Home Care, Inc., had no deficiencies found at the time of the visit

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2015

Administrator
Jennifer's Home Care, Inc.
7100 NW 76 Drive
Tamarac, FL 33321

RE: CCR #2015004796

Dear Administrator:

This letter reports findings of a state licensure complaint survey that was conducted on August 6, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

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Enclosure

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