

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966189	(X3) DATE SURVEY COMPLETED 05/02/2016
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 licensure complaint survey, CCR# 20116001534 was conducted on 05/04/2016 at Jennifer's Home Care Inc. The facility had no deficiency identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 18, 2016

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

RE: CCR #2016001534

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on May 2, 2016 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.shtm> 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,

A handwritten signature in dark ink, appearing to read "Arlene Mayo - Davis".

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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