STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968347	**05/23/2016**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 5/23/16 a biennial relicensure survey with Limited Nursing Services (LNS) was conducted at Jeroll Care Assisted Living LLC, license # 12239. Jeroll Care Assisted Living LLC had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2016

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

RE: Re-licensure with Limited Nursing Services

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 23, 2016 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,

FOV

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

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