

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965636	(X3) DATE SURVEY COMPLETED 06/17/2016
NAME OF PROVIDER OR SUPPLIER JENNIFER GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE 7334 JENNIFER STREET PORT RICHEY, FL 34668	

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

0000 Initial Comments

Assisted Living Facility

On 6/17/16, a capacity increase appraisal survey was conducted at Jennifer Gardens (Lic. #10043). No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 21, 2016

Administrator
Jennifer Gardens
7334 Jennifer Street
Port Richey, FL 34668

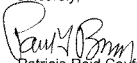
Dear Administrator:

This letter reports findings of a capacity increase (CAP) survey that was conducted on June 17, 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.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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for 
Patricia Reid Caulman
Field Office Manager

PRC/clt

Enclosure: State (5000-3547) Form

1GGN

