STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967957	**12/19/2016**
NAME OF PROVIDER OR SUPPLIER **JOVYIA COMFORT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1709 STATE ROAD 60 W** **PLANT CITY, FL 33567**	

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

0000 - Initial Comments

Assisted Living Facility

On December 19, 2016 an abbreviated Biennial with LNS was conducted at Jovyia Comfort Home. No deficiencies were found during the visit.
(License # 11936)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 29, 2016

Administrator
Jovyia Comfort Home
1709 State Road 60 W
Plant City, FL 33567

Dear Administrator:

This letter reports findings of a abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on December 19, 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FW

Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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