STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	R **07/17/2017**
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

A follow-up re-visit to a Biennial re-license survey was conducted at the Jennifer Gardens Assisted Living Facility on the 07/17/2017. Jennifer Gardens Assisted Living Facility deficient practice was corrected. License # 10043