

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965636	(X3) DATE SURVEY COMPLETED 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 2nd re-visit to a Complaint (CCR # 2017000971 and CCR # 2017003232) 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		