

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968366	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER DEJAY'S ADULT CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NW 65TH AVENUE PLANTATION, FL 33317	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018001634 was conducted on 4/03/18 at Dejay's Adult Care, LLC, License #12333. The facility had no deficiencies at the time of the visit.