Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747984	03/19/2026
Name of Provider or Supplier	**Street Address, City, State**	
Jubilee Care @ Home Health Care Services Llc	300 Jackson Street, Richmond, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
G0000	A complaint investigation (Intake # 1075505) was conducted on 03/19/26. The census was 101 (LCHHS) 0 (LHHS) 0 (PAS). Abbreviations: Adm-Administrator CM-Case Manager COTA- Certified Occupational Therapy Assistant DC-Discharged DON-Director of Nurses ECR- Electronic Clinical Record FM- Family member LCHHS-Licensed and Certified Home Health Services MV-Missed visits POC-Plan of Care QASIS- Outcome and Assessment Information Set RN- Registered Nurse SN- Skilled Nurse

	SOC-Start of Care SSS- Sterling Staffing Solutions