Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747990	10/13/2023
Name of Provider or Supplier	**Street Address, City, State**	
Jj Home Health Services, Inc	346 Oaks Trl Ste 200, Garland, 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 recertification survey entrance conference was conducted on 10/10/2023. The census was 1 licensed and certified patient. Acronyms used: SN- Skilled nurse POC- Plan of Care SOC- Start of Care

	PAS- Personal Assistance Services Pt.- Patient Hrs- hours PHC- Primary Home Care