Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	748023	05/03/2024
Name of Provider or Supplier	**Street Address, City, State**	
Jessy Effective Home Health Care, Inc.	8410 S. Westmoreland Road, Apt 602, Dallas, 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)
E0000	• Purpose of visit: Recertification/Relicensure Survey • Entrance date: 4/30/2024 • Census: L&CHHS-2 LHHS-0 PAS-0 Abbreviations: Licensed Home Health Services (LHHS) Personal Assistance Services (PAS) Licensed and Certified Home Health Services (L&CHHS) The facility is in compliance with no deficiencies cited.