Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 748023	**(X3) Date Survey Completed** 05/03/2024
Name of Provider or Supplier Jessy Effective Home Health Care, Inc.	**Street Address, City, State** 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)
G0000	• 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) Quality Assurance and Performance Improvement (QAPI) Plan of Care (POC) Start of Care (SOC) Director of Nursing (DON) Skilled Nurse (SN) Administrator (ADM) FNP (Family Nurse Practitioner) Review Course Clinical Update Live Advanced Practice Education Associates (APEA) Department of Aging and Disability Services (DADS)