



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 9, 2014

Administrator  
Tender Loving Hospitality  
125 NE 9th Avenue  
Crystal River, Florida 34429

Dear Administrator:

This letter reports the findings of a desk review conducted on April 9, 2014 by a representative of this office. Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected as a result of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 04/09/2014  
FORM APPROVED

|                                                                                                        |                                                                                               |                                                     |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11953517</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>04/09/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tender Loving Hospitality</b>                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>125 Ne 9th Avenue<br/>Crystal River, FL 34429</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                               |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-04/09/2014  
0078-Staffing Standards - Staff-04/09/2014  
0090-Training - Do Not Resuscitate Orders-04/09/2014  
L243-Lmh - Training-04/09/2014

0000-Initial Comments

On 04/09/2014 a desk review as a follow up to a biennial survey was conducted for Tender Loving Hospitality. Previously cited deficiencies were cleared.