STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967214	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M H Tender Care, Inc #2	9 Ponderosa Lane Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-07/08/2014
0052-Medication - Assistance With Self-Admin-07/08/2014
0053-Medication - Administration-07/08/2014
0054-Medication - Records-07/08/2014
0055-Medication - Storage And Disposal-07/08/2014
0093-Food Service - Dietary Standards-07/08/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 14, 2014

Administrator
M H Tender Care, Inc #2
9 Ponderosa Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 8, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 (904) 798-4201.

Sincerely,

for Jana Meyering, QIDP
Health Facility Evacuator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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