

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965464	(X3) DATE SURVEY COMPLETED 07/30/2014
NAME OF PROVIDER OR SUPPLIER M H Tender Care I	STREET ADDRESS, CITY, STATE, ZIP CODE 9 Wainwood Place Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0051-Medication - Pill Organizers-07/30/2014

0055-Medication - Storage And Disposal-07/30/2014



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 4, 2014

Administrator
M H Tender Care I
9 Wainwood Place
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 30, 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,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201; Fax: (904) 359-6054
AHCA.MyFlorida.com



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