

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966520	(X3) DATE SURVEY COMPLETED 03/30/2015
NAME OF PROVIDER OR SUPPLIER TENDER CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2407 GRIFFIN COURT OCOE, FL 34761	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

Conducted Initial Limited Nursing Services (LNS) survey on 3/30/15. Tender Care, Inc. Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

Administrator
Tender Care, Inc.
2407 Griffin Court
Ocoee, FL 34761

Dear Administrator:

This letter reports the findings of an initial Limited Nursing Services (LNS) Licensure survey conducted on March 30, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

