

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968664	(X3) DATE SURVEY COMPLETED 04/06/2015
NAME OF PROVIDER OR SUPPLIER M H TENDER CARE IV	STREET ADDRESS, CITY, STATE, ZIP CODE 29 PRINCE JOHN LN PALM COAST, FL 32164	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #201500081 was conducted on April 6, 2015.
MH Tender Care IV had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 10, 2015

Administrator
M H Tender Care IV
29 Prince John Lane
Palm Coast, FL 32164

RE: CCR #2015000081

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 6, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

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

RS/JM/sm
Enclosure

