

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968280	(X3) DATE SURVEY COMPLETED 05/22/2015
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NAME OF PROVIDER OR SUPPLIER M H TENDER CARE III	STREET ADDRESS, CITY, STATE, ZIP CODE 36 BRONSON LN PALM COAST, FL 32137
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**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced capacity increase survey was conducted at MH Tender Care III on May 22, 2015. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

June 4, 2015

Administrator
M H Tender Care III
36 Bronson Lane
Palm Coast, FL 32137

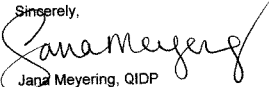
Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on May 22, 2015 by a representative 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. 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

LL/JM/sm
Enclosure

