

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969014	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER K & S TENDER CARE II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 226 ABALONE RD NW PALM BAY, FL 32907	

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

0000 Initial Comments

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An Initial Licensure survey conducted on 5/5/2016. K & S Tender Care II Inc. had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 9, 2016

Administrator
K & S Tender Care II Inc
226 Abalone Rd NW
Palm Bay, FL 32907

RE: Initial licensure

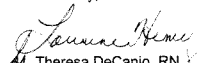
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on May 5, 2016 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

LH/be
Enclosure

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