STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	R **02/15/2017**
NAME OF PROVIDER OR SUPPLIER **TENDER CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2407 GRIFFIN COURT** **OCOEE, FL 34761**	

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

0000 - Initial Comments

desk review completed to Limited Nursing Services monitoring visit. There were no deficiencies identified at the time of the survey review.