

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966520	(X3) DATE SURVEY COMPLETED R 06/22/2017
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

Desk review to Relicensure survey with Limited Nursing Services and Limited Mental Health completed. There were no deficiencies at the time of the review.