STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968664	R **07/20/2017**
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

A third follow-up to the complaint investigation (CCR #2016008838) was conducted at MH Tender Care IV on July 20, 2017. MH Tender Care IV cleared its deficiencies at the time of the investigation.