

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969269	(X3) DATE SURVEY COMPLETED 10/02/2017
NAME OF PROVIDER OR SUPPLIER TENDER AT HEART I ASSISTED LIVING FACILITY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1592 GLENCOVE AVE PALM BAY, FL 32907	

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

0000 - Initial Comments

An initial licensure survey was conducted on 10/02/2017. Tender at Heart I Assisted Living Facility had no deficiencies at the time of the visit.