

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968280	(X3) DATE SURVEY COMPLETED R 01/04/2018
NAME OF PROVIDER OR SUPPLIER M H TENDER CARE III	STREET ADDRESS, CITY, STATE, ZIP CODE 36 BRONSON LN PALM COAST, FL 32137	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to complaint survey (CCR #201706506) was conducted at M H Tender Care III on 01/04/2018. The previously cited deficiency related to the complaint was cleared at the time of the visit.		