STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968664	**06/29/2018**
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

An unannounced complaint investigation, CCR #2018008398, was conducted at M. H. Tender IV (License #12522) on 6/27/2018-6/29/2018. Deficiencies were not identified during the complaint investigation.