

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968384	(X3) DATE SURVEY COMPLETED 08/29/2018
NAME OF PROVIDER OR SUPPLIER TENDER AT HEART ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1773 HAYS ST PALM BAY, FL 32907	

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

0000 - Initial Comments

A re-licensure survey was conducted on 8/29/2018. Tender at Heart Assisted Living Facility (License# 12260) had no deficiencies at the time of the visit.