STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967552	R-C **07/20/2017**
NAME OF PROVIDER OR SUPPLIER **K Y R TENDER CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **429 E IDLEWILD AVE** **EUSTIS, FL 32726**	

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

0000 - Initial Comments

An unannounced follow-up visit to a biennial survey was conducted at KYR Tender Care Assisted Living Facility on 07/20/2017. No deficient practice was identified at the time of the survey.