STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	R **12/21/2018**
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

On 12/21/2018 a follow up to the biennial survey was conducted at M H Tender Care III. Deficiencies related to the biennial survey were found corrected at the time of the follow-up visit.