

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968691	(X3) DATE SURVEY COMPLETED R 04/01/2019
NAME OF PROVIDER OR SUPPLIER K & S TENDER CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 155 AVIATION AVE NE PALM BAY, FL 32907	

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

0000 - Initial Comments

An unannounced generator assessment revisit was conducted at K&S Tender Care ALF on This was the second revisit of the assessment done on No deficiencies were found at the time of the visit.