STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	**03/19/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heartland Health Care Center-K	**9400 Sw 137th Avenue Kendall, FL 33186**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-03/19/2014
0077-Staffing Standards - Administrators-03/19/2014
0081-Training - Staff In-Service-03/19/2014
0082-Training - Hiv/aids-03/19/2014
0090-Training - Do Not Resuscitate Orders-03/19/2014
0091-Training - Documentation & Monitoring-03/19/2014
N276-Lns - Nursing Services-03/19/2014

0000-Initial Comments
A follow up to a Standard Biennial Re-Licensure in conjunction with a Complaint Investigation (CCR#2013011047) survey was conducted on 03-19-2014 at Heartland Health Care Center-Kendall. All deficiencies were corrected. No new deficiencies were found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 28, 2014

Administrator
Heartland Health Care Center-Kendall
9400 SW 137th Avenue
Kendall, FL 33186

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 19, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure

DT9D

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