STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910840	**06/08/2016**
NAME OF PROVIDER OR SUPPLIER **NURSE'S HELPING HEARTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1735 NURSERY ROAD** **CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

A monitoring visit for closure was conducted at Nurses Helping Hearts on 6/8/16.

Nurses Helping Hearts Assisted Living Facility is closed. There were no resident living at the facility at the time of the visit. The license was returned to the agency.