STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966892	R **02/10/2017**
NAME OF PROVIDER OR SUPPLIER **HANNAH'S HEART ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1909 NW 12TH AVE** **CAPE CORAL, FL 33993**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 2/10/17 for Hannah's Heart assisted living facility, (License #11966892), in Cape Coral, Florida. The follow-up was in response to the abbreviated state relicensure survey which was conducted on 1/24/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 2/10/17.