

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966739	(X3) DATE SURVEY COMPLETED 07/25/2017
NAME OF PROVIDER OR SUPPLIER OPEN HEART RETIREMENT HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 342 SW 34 TERACE DEERFIELD BEACH, FL 33442	

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

0000 - Initial Comments

A complaint investigation survey (CCR#2017004818) was conducted on 7/25/2017 at Open Heart Retirement Home, Inc., (LIC.#10899). The facility had no deficiencies at the time of the survey.