STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **HEARTLAND HEALTH CARE CENTER-K**	STREET ADDRESS, CITY, STATE, ZIP CODE **9400 SW 137TH AVENUE** **KENDALL, FL 33186**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on October 30 and 31, 2017. Heartland Health Care Center-Kendall (AL#7307) with Limited Nursing Services component had deficiencies identified, cited under the Biennial Survey conducted on the same day (Aspen ID TZL011).