

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943123	(X3) DATE SURVEY COMPLETED R 01/10/2018
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 standard biennial survey revisit was conducted on 01/10/2018. Heartland Health Care Center-Kendall, license #7307 did not have any deficiencies identified at the time of the survey.