

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/09/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943123	(X3) DATE SURVEY COMPLETED 04/02/2018
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 Complaint Survey (CCR # 2018001079) was conducted on 04/02/18. Heartland Health Care Center with Limited Nursing Services (license #7307) had no deficiencies identified at the time of the survey: