STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	R **11/02/2018**
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

An unannounced Relicensure revisit survey was conducted on 11/02/2018 at Open Heart Retirement Home, Inc., License # 10899. The previously cited deficiencies were found corrected at the time of the survey.