

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966739	(X3) DATE SURVEY COMPLETED 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 revisit to the complaint survey, CCR #2018006627 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.		