

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943123	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER NSPIRE HEALTHCARE KENDALL	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#2018017695) was scheduled on January 08, 2019 but was not completed since it was for another location. Nspire Healthcare Kendall (license #7307) had deficiencies identified under the Change of Ownership Survey