

**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 01/09/2019
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 Limited Nursing Services Monitoring Survey was conducted on January 08 and concluded on January 09, 2019. Nspire Healthcare Kendall (license # 7307) had deficiencies identified under the Change of Ownership Survey.