STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	R **03/25/2019**
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 Change of Ownership (CHOW) Revisit Survey was conducted on 25, 2019. Nspire Healthcare Kendall had the following deficiency identified at time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of an annual satisfactory health inspection.

Findings Included:

On a review of the facility's record revealed the health inspection was dated . The facility did not have an annual satisfactory health inspection.

On at 9:00 AM the administrator stated that she has been contacting them to come and do the inspection but up to now they had not come.

Class III