STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	R **04/15/2019**
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) second revisit survey desk review was completed on 04/15/2019 at Nspire Healthcare Kendall.

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