

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7272H	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2017
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NAME OF PROVIDER OR SUPPLIER CARING HEART TERRACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2705 EAST EMELITA AVENUE MESA, AZ 85204
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	<p>Initial Comments</p> <p>No deficiencies were found during the on-site compliance inspection conducted on April 18, 2017 :</p> <p><i>Deanna Adams RN</i> 4/19/17 Deanna Adams RN Date State Licensing Surveyor</p>	X 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

ADHS LICENSING SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7272H	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2015
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NAME OF PROVIDER OR SUPPLIER CARING HEART TERRACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2705 EAST EMELITA AVENUE MESA, AZ 85204
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X 000	<p>Initial Comments</p> <p>No deficiencies were found during the on-site compliance inspection conducted on Date: January 20, 2015</p> <p><i>Deanna Adams R.N.</i> Date Deanna Adams R.N. State Licensing Surveyor</p>	X 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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