PRINTED: 04/19/2017 FORM APPROVED

AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7272H	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COMF	(X3) DATE SURVEY COMPLETED 04/18/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
CADING	LICART TERRACE LI	2705 EA	ST EMELITA				
CARING	HEART TERRACE LI	L.	AZ 85204				
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	JLD BE COMPLETI	
X 000	Initial Comments		X 000				
	No deficiencies we compliance inspect 2017 :	re found during the on-site ion conducted on April 18,				The state of the s	
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	Deanna Adams RN State Licensing Su	Date					
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED ADHS LICENSING SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED AL7272H B. WING 01/20/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2705 EAST EMELITA AVENUE CARING HEART TERRACE LLC MESA, AZ 85204 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) X 000 Initial Comments X 000 No deficiencies were found during the on-site compliance inspection conducted on Date: January 20, 2015 Deanna Adams R.N. State Licensing Surveyor

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 01/21/2015