

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910415	(X3) DATE SURVEY COMPLETED R 01/31/2017
NAME OF PROVIDER OR SUPPLIER SUN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350/1360 WEST 31 STREET HIALEAH, FL 33012	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on 01/31/16. Sun Village Homes Inc. with Limited Nursing Services and Limited Mental Health components,(Lic #6051) had deficiencies found and cited under the Complaint survey: