

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965733	(X3) DATE SURVEY COMPLETED R 05/22/2017
NAME OF PROVIDER OR SUPPLIER STERLING AVENTURA	STREET ADDRESS, CITY, STATE, ZIP CODE 2777 NE 183rd ST AVENTURA, FL 33160	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR #2017001808) Revisit Survey was conducted on 05/22/2017. Sterling Aventura (License #10117) had no deficiencies identified at time of survey.		