STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	**08/28/2017**
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

Complaint (CCR#2017008267 and 2017006269) survey was conducted on 28 , 2017 at Sterling Aventura. There were deficiencies found at time of the survey. (Lic #10117)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to have evidence of a negative examination documented on an annual basis for two out of five (E & F) sampled staff.

Findings included:

Record review found Staff E's annual freedom from statement on file was dated . Staff F's annual freedom from statement on her file was dated . The facility did not have any proof of the annual results for staff.

Interview on at 2:30 PM the Administrator acknowledged after reviewing of files that Staff E & F did not have an updated annual negative exams.

Class III