

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910415	(X3) DATE SURVEY COMPLETED 10/23/2017
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 Limited Nursing Services Monitoring Survey was conducted on October 23, 2017. Sun Village Homes Inc. (AL#6051) with Limited Nursing Services and Limited Mental Health components had deficiencies identified under the Biennial Survey.