

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965733	(X3) DATE SURVEY COMPLETED R 01/08/2018
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) Revisit Survey was conducted on 01/08/18. Sterling Aventura, License #10117, did not have any deficiencies identified at time of the survey.