STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	R **01/17/2018**
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)

Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8)

Based on interview and record review, the facility failed to show financial ability to operate. This was evident by the facility having a history of overdrafts and failure to show proof of payments for the mortgage and other utilities.

Findings included:

The facility provided copies of income and expense statements from , , , and . The statements documented a $10,000 a month. The bank statements received by the facility did not show that the mortgage was paid from the facility's bank account for the months of , , , and .

For the month of , , the facility had overdraft fees of $210.00 and an ending balance of negative $180.71. For the month of , the facility had overdraft fees of $140.00 and returned check for $1747. For the month of , the facility had overdraft fees of $350.00.

Interview with the Administrator on at 8:40 AM revealed the mortgage is $10,000 per month it is supposed to be paid by the facility's back account. She acknowledge complete financial records were not received by the Agency.

Unclassified

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A complaint (CCR #2017007641) survey revisit was conducted at Sun Village Homes, Inc (license #6051) on and concluded on . There were deficiencies found at the time of the survey.