STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	R **01/30/2018**
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

A Complaint (CCR#s 2017008129 and 2017010218) Revisit Survey was conducted on 01/08/18 and concluded on 01/30/18. Sterling Aventura, License #10117, had deficiencies corrected at the time of survey.