

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910415	(X3) DATE SURVEY COMPLETED R 03/14/2018
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)

0000 - Initial Comments

A Second Follow up Visit to a Complaint Survey (CCR# 2017007641) was conducted on and concluded on Sun Village Homes, Inc with Limited Mental Health and Limited Nursing Services components and license #6051 had an uncorrected deficiency at the time of the survey.

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Z809 - Proof of Financial Ability to Operate - 59A-35.062(3)(e)&(7);408.803(7) &.810(8) Based on record review and interview, the facility failed to show financial ability to operate. The facility failed to show proof of mortgage payment. Findings included: Review of the facility's financial record on revealed that a bank statement for the period of to had a negative ending balance for the month in the amount of -\$415.47. The bank statement for the period of to was positive with the amount of \$1,138.78. However, there was no record of mortgage payment on the statement. All the utilities were paid through the bank. The water bill was not paid in a timely manner. The facility had a balance of \$1006.66 for services from - Current charges as of was \$558.25. During an interview on at 11:26 AM Staff A stated "the owner left the mortgage receipt for the month of in her car, we cannot find it." On the licensure unit was reviewing the facility's financial records. Unclassified		