

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965534	(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER IMPERIAL CLUB	STREET ADDRESS, CITY, STATE, ZIP CODE 2751 NE 183 STREET AVENTURA, FL 33160	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Complaint (CCR#2018000195, 2018000419 and 2017015266) Revisit Survey was conducted on March 29, 2018. Imperial Club (license #9900) had no deficiencies identified at time of the survey: