

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965733	(X3) DATE SURVEY COMPLETED 04/12/2018
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# 2018002009 and 2018002883) Survey was conducted on April 10, 2018 and concluded on April 12, 2018. Sterling Aventura (License #10117) had deficiencies identified at the time of survey which were cited under the biennial.