

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910415	(X3) DATE SURVEY COMPLETED R 05/17/2018
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)

0000 - Initial Comments

A Standard Biennial Survey Third Revisit was conducted on May 15, 2018 and concluded on May 17, 2018. Sun Village Homes Inc. (license #6051) with a Limited Mental Health and Limited Nursing Services components had previously cited deficiencies corrected at the time of the survey.