STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910415	R **09/17/2018**
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 Complaint (CCR# 2017007641) Survey 4th revisit was conducted on 09/17/2018. Sun Village Homes, Inc with Limited Mental Health and Limited Nursing Services components, license #6051 had the previously cited deficiencies corrected at the time of the survey.