

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965534	(X3) DATE SURVEY COMPLETED R 03/27/2019
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#2018018568) revisit survey was conducted from 3/26/19 - 3/27/19. Imperial Club had a deficiency cited under the Change of Ownership survey conducted on the same day (Event ID Z6J 711)