

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967243	(X3) DATE SURVEY COMPLETED 03/25/2014
NAME OF PROVIDER OR SUPPLIER Home Sweet Home Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 6981 Coolidge Street Hollywood, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated Relicensure survey with Extended Congregate Care was conducted on 03/25/2014 at Home Sweet Home Assisted Living. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 4, 2014

Administrator
Home Sweet Home Assisted Living
6981 Coolidge Street
Hollywood, FL 33024

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on March 25, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

