

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967429	(X3) DATE SURVEY COMPLETED 01/08/2015
NAME OF PROVIDER OR SUPPLIER Sweet Hope Assisted Living Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 13551 S W 208 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-01/08/2015

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted on 01/08/15. Sweet Hope Assisted Living Corp. had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2015

Administrator
Sweet Hope Assisted Living Corp
13551 S W 208 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey revisit conducted on January 8, 2015 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in dark ink, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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