

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967059	(X3) DATE SURVEY COMPLETED 08/14/2015
NAME OF PROVIDER OR SUPPLIER SWEET HOME AT LAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1580 DRAYTON AVE DELTONA, FL 32725	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A biennial licensure survey with Extended Congregate Care was conducted on 8/14/2015. Sweet Home at Last had no Licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2015

Administrator
Sweet Home At Last
1580 Drayton Avenue
Deltona, FL 32725

Dear Administrator:

This letter reports findings of a state biennial licensure with Extended Congregate Care survey that was conducted on August 14, 2015 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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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