

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/08/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943057	(X3) DATE SURVEY COMPLETED 09/29/2015
NAME OF PROVIDER OR SUPPLIER MY SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 11312 SW 203 TERRACE MIAMI, FL 33189	

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

0000 Initial Comments

An extended congregate care monitoring survey was conducted on September 29th, 2015. My Sweet Home with extended congregate care component did not have deficiencies found at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 8, 2015

Administrator
My Sweet Home
11312 Sw 203 Terrace
Miami, FL 33189

Dear Administrator:

This letter reports findings of an Extended Congregate Care monitoring survey that was conducted on September 29, 2015 by representative(s) 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone: (305) 593-3100; Fax: (305) 593-3121
AHCA.MyFlorida.com



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