

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969088	(X3) DATE SURVEY COMPLETED 02/14/2017
NAME OF PROVIDER OR SUPPLIER ALF SWEET HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9700 SW 15TH ST MIAMI, FL 33174	

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

0000 - Initial Comments

An Initial Survey was conducted on 02/14/17. ALF Sweet Home had no deficiencies identified at the time of survey. A recommendation will be sent to the licensure unit for a capacity of 6 beds with Limited Mental Health component.