| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967505** | R<br>**03/01/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HOME SWEET HOME ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5700 SW 46 TERRACE**<br>**MIAMI, FL 33155** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on March 01, 2017. Home Sweet Home Assisted Living Facility Corp. (License # 11556) with Limited Mental Health component had no deficiencies identified at the time of the survey.