

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966724	(X3) DATE SURVEY COMPLETED R 03/10/2017
NAME OF PROVIDER OR SUPPLIER MY SWEET HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 214 NW 120 AVENUE MIAMI, FL 33182	

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

0000 - Initial Comments

A complaint (CCR#2016011372) second revisit survey was conducted on March 10th, 2017. My Sweet Home II, Inc. with Limited Nursing Services component (License # 10875) did not have deficiencies identified at the time of the survey.