

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967035	(X3) DATE SURVEY COMPLETED R 03/27/2017
NAME OF PROVIDER OR SUPPLIER SWEET HEART ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15942 SW 61 LANE MIAMI, FL 33193	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on 03/27/2017. Sweet Hearth ALF, Inc. with Limited Mental Health component (AL 11185). There were no deficiencies identified at the time of the survey.

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