

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967243	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 6981 COOLIDGE STREET HOLLYWOOD, FL 33024	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitor survey was conducted 05/03/17 at Home Sweet Home Assisted Living Inc, License #11301 . The facility had no deficiencies at the time of the visit.