STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968068	**05/11/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET LIFE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11631 SW 100 ST** **KENDALL, FL 33176**	

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

Z817 - Minimum Licensure Requirement - Inform AHCA - 408.810(3-4) FS; 59A-35.100(1) FAC

Base on observation and interview, the assisted living facility failed to inform the agency not less than 30 days prior to the discontinuance of operation.

Finding included:

On at 8:40 A.M. arrived at the facility was observe entrance door was looked and no one answered or opened the door.

On at 8:45 A.M., called was made to facility phone number posted on the entrances door, the administrator answer the phone she stated "the facility closed down two month ego." She stated at the time of the closure was only two residents, one went with his family and the other one went to the hospital. She stated I don't know if the consultant notified the agency about the facility closure but we were planning to do it on the 25 of this month.

The agency for health care administration ALF licensure unit was contacted , they were not notified of the closure of the facility.

Unclassified