

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943057	(X3) DATE SURVEY COMPLETED 08/10/2017
NAME OF PROVIDER OR SUPPLIER MY SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 11312 SW 203 TERRACE MIAMI, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (2017005437) Survey was conducted on August 10, 2017. My Sweet Home (License # 8528) with Limited Nursing Services had deficiencies cited under the biennial survey.		