STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967059	R **09/26/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET HOME AT LAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1580 DRAYTON AVE** **DELTONA, FL 32725**	

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

0000 - Initial Comments

All of the deficienices were found corrected at the time of the desk review.