

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968499	(X3) DATE SURVEY COMPLETED R 08/30/2017
NAME OF PROVIDER OR SUPPLIER AM SWEET HOME ALF, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13066 SW 187 STREET MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 08/30/2017. AM Sweet Home ALF with Standard license (AL12397) had no deficiencies identifies at the time of the survey.