STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966557	R **11/08/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET CARE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18260 SW 153 COURT** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 11/08/2017. Sweet Care Home with Limited Mental Health component (AL 10732) had the deficiency corrected at the time of the survey.