

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943057	(X3) DATE SURVEY COMPLETED 11/14/2017
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 (CCR #2017010746) survey was conducted on November 14th, 2017. My Sweet Home, license #8528, did not have deficiencies identified at the time of the survey.