STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968499	R **11/08/2017**
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 wellness monitoring 3rd revisit was conducted on 11/08/2017. AM Sweet Home ALF with standard license (AL 12397) had no deficiencies identified at the time of the survey.