STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967243	R **12/13/2017**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6981 COOLIDGE STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

A revisit to the monitoring survey was conducted as a desk review for Home Sweet Home Assisted Living, license #11301 on 12/13/2017. All outstanding deficiencies were corrected.