

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967243	(X3) DATE SURVEY COMPLETED R 02/26/2018
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

An unannounced revisit for a Extended Congregate Care monitoring survey was conducted on 02/26/2018 at Home Sweet Home Assisted Living, License #11301. The facility had no deficiencies at the time of the visit.