STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	R **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **ALF SWEET HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 15TH ST** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A complaint (CCR#2017006796) third revisit survey was conducted on 04/05/2018 ALF Sweet Home, LLC with Limited Mental Health component and license# 12978 had no deficiencies identified at the time of the survey.