STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968228	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **BEST SWEET HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8365 SW 147 COURT** **MIAMI, FL 33193**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit survey was conducted on 04/27/2018. Best Sweet Home ALF with limited mental health component (AL 12160) had no deficiencies identified at the time of the survey: