

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/24/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966724	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER MY SWEET HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 214 NW 120 AVENUE MIAMI, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services Monitoring Survey was scheduled on May 08, 2018. My Sweet Home II (License # 10875) no longer had the Limited Nursing Services component.		