

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965584	(X3) DATE SURVEY COMPLETED R 05/17/2018
NAME OF PROVIDER OR SUPPLIER SWEET RESIDENCE #3	STREET ADDRESS, CITY, STATE, ZIP CODE 11511 SW 7 STREET MIAMI, FL 33174	

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

0000 - Initial Comments

A Fifth Follow Up Visit to a Limited Mental Health (LMH) Component Expansion Survey was conducted on 05/17/18. Sweet Residence #3 (license #9961) did not have deficiencies identified at the time of the survey.