| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969392** | **05/30/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HOME SUITE HOME 2** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4280 EMPRESS ST**<br>**PALM BEACH GARDENS, FL 33410** | |

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

**0000 - Initial Comments**

An announced initial licensure survey for an Assisted Living Facility with a capacity of 6 was conducted on May 30, 2018 at Home Sweet Home 2. The facility had no deficiencies found at the time of the visit.