

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964442	(X3) DATE SURVEY COMPLETED R 06/28/2018
NAME OF PROVIDER OR SUPPLIER A SWEET ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 18400 NW 81 COURT HIALEAH, FL 33015	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on June 28, 2018. A Sweet ALF, Inc (License # 9159) with Limited Mental Health components had no deficiencies identified at the time of the survey.