STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	R **10/24/2018**
NAME OF PROVIDER OR SUPPLIER **SWEET LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15505 SW 16 LANE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial 2nd revisit survey was conducted on 10/24/18. Sweet Living Facility, Inc. (license #10526) with limited mental health (LMH) component had deficiencies at the time of the survey cited under another complaint survey.