STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967484	R **12/05/2018**
NAME OF PROVIDER OR SUPPLIER **SWEETEST HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **482 NW 26TH AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on December 05, 2018. Sweetest Home Inc (the) with limited mental health component had no deficiencies identified at the time of the survey.