STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967429	R **12/17/2018**
NAME OF PROVIDER OR SUPPLIER **SWEET HOPE ASSISTED LIVING CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13551 S W 208 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Abbreviated Biennial Second Revisit Survey was conducted on 12/17/2018. Sweet Hope Assisted Living Corp. had no deficiencies identified at the time of the survey.