STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969494	**03/11/2019**
NAME OF PROVIDER OR SUPPLIER **MILY'S SWEET HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8723 N HYALEAH RD** **TAMPA, FL 33617**	

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

0000 - Initial Comments

Assisted Living Facility

An Initial survey was conducted at Mily's Sweet Home Assisted Living Facility on 3/11/2019. Mily's Sweet Home Assisted Living Facility had no deficient practice identified at the time of the survey.