STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967035	R **03/11/2019**
NAME OF PROVIDER OR SUPPLIER **SWEET HEART ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15942 SW 61 LANE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial licensure survey revisit was conducted on 03/11/2019. Sweet Heart ALF, Inc. had no deficiencies identified at the time of the survey.