STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969088	**03/05/2019**
NAME OF PROVIDER OR SUPPLIER **ALF SWEET HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9700 SW 15TH ST** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Monitoring visit for residents' wellness was conducted on 03/05/19. ALF Sweet Home , LLC with a Limited Mental Health component, had deficiency found at the time of the survey, cited under the biennial survey, Aspen ID 0QSZ11.