| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965584** | R<br>**03/22/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SWEET RESIDENCE #3** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11511 SW 7 STREET**<br>**MIAMI, FL 33174** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Second Revisit Survey was conducted on March 22, 2019. Sweet Residence #3, with a standard license, had no deficiencies at the time of survey.