STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966304	R **04/26/2019**
NAME OF PROVIDER OR SUPPLIER **SWEET LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15505 SW 16 LANE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A 3rd revisit to a complaint (#2018012565) investigation was conducted at Sweet Living Facility Inc on 04/26/2019. Deficiencies were found to be corrected at the time of the survey.