

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969088	(X3) DATE SURVEY COMPLETED R 04/24/2019
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 desk review was conducted for ALF Sweet Home, LLC on 05/21/19. No deficiency was identified at the time of the review.