STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967243	**05/23/2019**
NAME OF PROVIDER OR SUPPLIER **HOME SWEET HOME ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6981 COOLIDGE STREET** **HOLLYWOOD, FL 33024**	

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

0000 - Initial Comments

An Extended Congregate Care monitoring survey was conducted at Home Sweet Home Assisted Living on 05/23/2019. The facility had no deficiencies identified at the time of survey.