STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969494	**06/10/2019**
NAME OF PROVIDER OR SUPPLIER **MILY'S SWEET HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8723 N HYALEAH RD** **TAMPA, FL 33617**	

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

0000 - Initial Comments

A monitoring visit was conducted on 6/10/2019 at Mily's Sweet Home ALF. The facility had no deficiencies at the time of the survey.