STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922191	**03/06/2017**
NAME OF PROVIDER OR SUPPLIER **YOUR SWEET HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1105 WEST 69 PLACE** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Survey was scheduled on 02/21/17. Your Sweet Home with a standard license # 7936 was closed and no notification was given to the office. On 03/06/17 the Administrator contacted the agency to notify the agency of closure.