

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED R 07/03/2017
NAME OF PROVIDER OR SUPPLIER SARA'S HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1567 NE 46TH STREET OAKLAND PARK, FL 33334	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 06/27/2017 and 7/3/2017 at Sara's House, Inc., License # 12058. The facility had no deficiencies at the time of the visit.