

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED 03/20/2018
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1613 MONROE SHEFFIELD RD CHIPLEY, FL 32428	

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

0000 - Initial Comments

An unannounced biennial survey with limited mental health specialty license was conducted at Home Sweet Home ALF, license #12572, in Chipley, Florida on 3/19-3/20/2018. This survey was conducted in conjunction with a complaint survey for allegations contained within CCR# 2018003060 & CCR# 2018003094. At the time of the survey, deficient practice was identified regarding the complaint survey.