

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968678	(X3) DATE SURVEY COMPLETED R 05/03/2018
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 revisit survey was conducted at Home Sweet Home Assisted Living Facility , license #12572 in Chipley FL on 5/3/2018. At the time of the survey, no deficient practice was identified.		