

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968127	(X3) DATE SURVEY COMPLETED R 09/19/2018
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

An unannounced Extended Congregate Care (ECC) Monitoring revisit survey was conducted 09/10/2018 and 09/19/2018 at Sara's House, Inc., Licensure #12058. The facility corrected all outstanding deficiencies at the time of the survey.

A Generator Assessment Monitoring survey was conducted in conjunction with the above survey. Please see separate report for findings.