

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 10/15/2018  
FORM APPROVED

|                                                              |                                                                                                      |                                                                     |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968127</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>10/04/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SARA'S HOUSE, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1567 NE 46TH STREET</b><br><b>OAKLAND PARK, FL 33334</b> |                                                                     |

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

**0000 - Initial Comments**

A unannounced revisit to the Generator Monitoring survey was conducted as a desk review on 10/4/18 for Sara's House Inc., license number 12058. The facility corrected the outstanding deficiency at the time of the survey.