

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/30/2013  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966057</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>07/11/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Residencia Paradise, Inc</b>                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9041 Sw 142 Court<br/>Miami, FL 33186</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

An unannounced Change of Ownership survey was conducted on 07/11/2013. Residencia Paradise Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

**Better Health Care for all Floridians**

ELIZABETH DUDEK  
SECRETARY

August 1, 2013

Administrator  
Residencia Paradise, Inc  
9041 Sw 142 Court  
Miami, FL 33186

Dear Administrator:

This letter reports findings of a state Change of Ownership (CHOW) survey that was conducted on July 11, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure

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