

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/24/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965416	(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER New Paradise Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Sw 80 Court Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-08/27/2013
0057-Medication - Over The Counter (otc) Products-08/27/2013
Z815-Background Screening; Prohibited Offenses-08/27/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced limited nursing services monitoring follow up survey was conducted on 08/27/2013. New Paradise Inc had no deficiencies at the time of the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2013

Administrator
New Paradise Inc
2001 Sw 80 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on August 27, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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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