

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966551	(X3) DATE SURVEY COMPLETED 10/30/2013
NAME OF PROVIDER OR SUPPLIER Paradise Adult Center, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 480 West 66 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Abbreviated biennial survey was conducted at Paradise Adult Care Assisted Living Facility (ALF) on 10/30/13. At the time of the survey no deficiencies were identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 22, 2013

Administrator
Paradise Adult Center, Inc
480 West 66th Street
Hialeah, FL 33012

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 30, 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure

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