

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967046	(X3) DATE SURVEY COMPLETED 05/27/2014
NAME OF PROVIDER OR SUPPLIER Sweet Paradise Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 15418 Sw 21 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial Survey was conducted on May 27, 2014. Sweet Paradise Corp. had no deficiencies at time of the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2014

Administrator
Sweet Paradise Corp
15418 Sw 21 Terrace
Miami, FL 33175

Dear Administrator:

This letter reports findings of a Standard Biennial Survey that was conducted on May 27, 2014 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,

A handwritten signature in cursive script, appearing to read "Arlene Mayo-Davis".

Arlene Mayo-Davis
Field Office Manager

AMD:kb
Enclosure

1GGN

