STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968394	**08/27/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Love Alf Inc	**101 Ne 9th Ct Cape Coral, FL 33909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the result of the Relicensure, Limited Nursing Service (LNS) and Limited Mental Health (LMH) survey conducted on 8/27/14 at Paradise Love, an Assisted Living Facility (ALF) in Cape Coral, Florida.

No deficiencies were cited relevant to the survey during this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2014

Administrator
Paradise Love Alf Inc
101 Ne 9th Ct
Cape Coral, FL 33909

Dear Administrator:

This letter reports findings of a state licensure, Limited Nursing Service (LNS) and Limtied Mental Health (LMH) survey that was conducted on August 27, 2014 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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