STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967426	**10/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Home Alf Corp	**8950 Sw 215th Terrace Cutler Bay, FL 33189**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0055-Medication - Storage And Disposal-10/15/2014
0057-Medication - Over The Counter (otc) Products-10/15/2014
0078-Staffing Standards - Staff-10/15/2014
0079-Staffing Standards - Levels-10/15/2014
0081-Training - Staff In-Service-10/15/2014
0160-Records - Facility-10/15/2014
0162-Records - Resident-10/15/2014
Z815-Background Screening; Prohibited Offenses-10/15/2014

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership (CHOW) survey revisit was conducted on 10/15/2014. Paradise Home ALF Corp had no deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2014

Administrator
Paradise Home Alf Corp
8950 Sw 215th Terrace
Cutler Bay, FL 33189

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on October 15, 2014 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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