

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967941	(X3) DATE SURVEY COMPLETED 10/31/2014
NAME OF PROVIDER OR SUPPLIER Tropical Paradise	STREET ADDRESS, CITY, STATE, ZIP CODE 1593 Brickyard Road Chipley, FL 32428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial survey, including Limited Mental Health, was conducted at Tropical Paradise Assisted Living Facility on October 30, 2014. The facility had no deficiencies at the time of the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 7, 2014

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

This letter reports findings of a state licensure survey including limited mental Health that was conducted on October 31, 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 me at 850-412-4540.

Sincerely,

Patricia M. Heiberg, M.S.W.
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

1GGN

