

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965608	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER Paradise Assisted Living Facility Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9605 Sw 144 Place Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-12/04/2014
0127-Fiscal - Liability Insurance-12/04/2014
0181-Emergency Mgmt - Plan Approval-12/04/2014
L243-Lmh - Training-12/04/2014

Specific Tag Findings:

0000-Initial Comments

A Change of Ownership (CHOW) Survey revisit was conducted on 12/04/14. Paradise Assisted Living Facility Inc. had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 16, 2014

Administrator
Paradise Assisted Living Facility Inc
9605 Sw 144 Place
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a Change of Ownership licensure survey revisit conducted on December 4, 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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