

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965416	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER New Paradise Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Sw 80 Court Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/12/2015

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on January 12, 2015. New Paradise Inc. had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 23, 2015

Administrator
New Paradise Inc
2001 Sw 80 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey revisit conducted on January 12, 2015 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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



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