

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966057	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER Residential Paradise, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9041 Sw 142 Court Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0152-Physical Plant - Safe Living Environ/other-02/05/2015

0162-Records - Resident-02/05/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey Revisit was conducted on 02/05/15. Residential Paradise, Inc had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

February 11, 2015

Administrator
Residential Paradise, Inc
9041 Sw 142 Court
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on February 5, 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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