

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/22/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922199	(X3) DATE SURVEY COMPLETED 04/12/2016
NAME OF PROVIDER OR SUPPLIER PARADISE ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 14730 SW 150 STREET MIAMI, FL 33196	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on April 12, 2016. Paradise Adult Care with Limited Nursing Services components had deficiencies identified at the time of the survey and were cited under biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

April 22, 2016

Administrator
Paradise Adult Care
14730 Sw 150 Street
Miami, FL 33196

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring licensure survey that was conducted on April 12, 2016 by representative(s) 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 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

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Enclosure

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