

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/03/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968394	(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER PARADISE LOVE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NE 9TH CT CAPE CORAL, FL 33909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 Initial Comments

An unannounced Relicensure survey was conducted 7/25/16 at Paradise Love, an Assisted Living Facility, (license #12301) in Cape Coral, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 3, 2016

Administrator
Paradise Love Alf Inc.
101 Ne 9th Ct
Cape Coral, FL 33909

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 25, 2016 by a representative 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.shtm> 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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