STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	R 02/23/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 02/23/2017. Residential Paradise, Inc with limited mental health component, license #10320 had no deficiencies at time of the survey.