STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969153	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **SAFE FAITH PARADISE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 BRENTFORD CT** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

An initial licensure survey with Limited Mental Health (LMH) was conducted on 03/15/17. Safe Faith Paradise ALF, LLC had no deficiencies at the time of the visit.