

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943164	(X3) DATE SURVEY COMPLETED R 03/29/2017
NAME OF PROVIDER OR SUPPLIER EL PARAISO HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 SW 7TH STREET MIAMI, FL 33135	

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

0000 - Initial Comments

A Standard Biennial Re-Visit Survey was conducted on 03/29/17. El Paraiso Home, Inc. (License # 8006) with Limited Nursing Services and Limited Mental Health components had no deficiencies found at the time of the survey.