STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966900	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL PARADISE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14112 SW 145 PLACE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 04/04/17. Tropical Paradise ALF, Inc. with a standard license # 11040 had no deficiencies found at the time of the survey.