STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967840	R **04/12/2017**
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21164 SW 92 PL** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on April 11th, 2017 and concluded on April 12th, 2017. Paradise Villa Alf, Inc with Limited Mental Health component and License #11183 did not have deficiencies identified at the time of the survey.