| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965947** | R<br>**04/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ANGELS IN PARADISE, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4636 WEST 6TH AVENUE**<br>**HIALEAH, FL 33012** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey revisit was conducted on 04/27/2017. Angels in Paradise, Inc with Limited Mental Health component, License # 10296 had no deficiencies found at the time of the survey: