STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968169	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **SENIOR PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3650 SW VICEROY STREET** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Re-licensure survey for Limited Nursing Services Monitoring was conducted on 5/9/17 at Senior Paradise , an Assisted Living Facility, in Porty St Lucie, Florida, license # 12454. The facility was found in compliance at the time of this survey.