STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017003207 and CCR #2017004048) was conducted on 05/04/2017 and concluded on 05/15/2017. Residential Paradise, Inc. (license #10320), with Limited Mental Health component had deficiencies identified at time of the survey. Deficiencies were cited under a Change of Ownership Survey Event ID 4QKJ11.

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