

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967941	(X3) DATE SURVEY COMPLETED 06/28/2017
NAME OF PROVIDER OR SUPPLIER TROPICAL PARADISE	STREET ADDRESS, CITY, STATE, ZIP CODE 1593 BRICKYARD ROAD CHIPLEY, FL 32428	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for allegations contained within CCR#2017006854 was conducted on 6/28/2017 at Tropical Paradise Villa Assisted Living (license#11939) in Chipley, FL. There were no deficiencies identified at the time of the visit.		