

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953519	(X3) DATE SURVEY COMPLETED 07/24/2017
NAME OF PROVIDER OR SUPPLIER PARADISE CARE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2277 S.E. LENNARD ROAD PORT SAINT LUCIE, FL 34952	

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

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2017004110, was conducted on July 18th and 24th, 2017 at Paradise Care Cottage(License #8585). The facility had no deficiencies identified at the time of the survey.