

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966057	(X3) DATE SURVEY COMPLETED R 07/26/2017
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 Change of Ownership Revisit Survey was conducted on 07/26/2017. Residential Paradise, Inc. (license #10320), with Limited Mental Health component had no deficiencies identified at time of the survey.