STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965416	R **08/14/2017**
NAME OF PROVIDER OR SUPPLIER **NEW PARADISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 SW 80 COURT** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint (CCR #2017001225) 2nd Revisit Survey was conducted on 08/14/17. New Paradise Inc. (AL 9810), had the following deficiency identified at the time of survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have proof of a satisfactory annual sanitation inspection.

Findings as follow:

Record review showed the last sanitation inspection was dated .

Phone interview on at 9:20 a.m., the Administrator stated that the facility already requested the new sanitation inspection without success.

Class III
Uncorrected