STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966965	R **10/25/2017**
NAME OF PROVIDER OR SUPPLIER **PAULA'S MANSION ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **13206 SW 218 TERRACE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit survey was conducted on 10/23/17 and concluded on 10/25/17 at Paula's Mansion ALF, license #11071. The deficiencies are found corrected at the time of the survey.