

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965416	(X3) DATE SURVEY COMPLETED R 11/01/2017
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) 3rd Revisit Survey was conducted on 11/01/17. New Paradise Inc. (AL 9810) had deficiencies corrected at time of the survey.