

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965416	(X3) DATE SURVEY COMPLETED R 01/04/2018
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 Standard Biennial Revisit Survey was conducted on 01/04/18. New Paradise Inc. (license #9810) had the following deficiencies identified at time of the survey: 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to ensure that all existing architectural and structural systems were maintained in good working order. Finding included: On at 10:30 A.M. observed during the tour, # had a hold on the ceiling that appeared to have been caused by water leakage and was covered by a drywall, the a black substances on the wall. The peeling paint, # also had a black substances on the walls. # 's closet door was missing. The kitchen ceiling and walls were stained. Staff stated during the tour that the Administrator will do a repair in kitchen that been damaged by water leak. On at 11:00 AM., the Administrator and Owner stated, "I do not had a contract with a company to repair the roof, I did it in my own and with help of my family, because the insurances did not want to pay for damage." They stated, "I'm going to do the kitchen and # repaired." Class III		