STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966551	R **01/25/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments -

A Second Follow up to an Abbreviated Biennial Survey was conducted on 01/25/18. Paradise Adult Center, Inc., license #10747, with Limited Mental Health component did not have deficiencies identified at the time of the survey.