

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966313	(X3) DATE SURVEY COMPLETED R 02/09/2018
NAME OF PROVIDER OR SUPPLIER PARADISE VILLA RETIREMENT HOME IV AT PEMBROKE PINE	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 NW 92ND AVENUE PEMBROKE PINES, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review revisit to Complaint survey, CCR #2017008142 was conducted for Paradise Villa Retirement Home IV At Pembroke Pines, License #1145 on 02/09/2018. All outstanding deficiencies were corrected.		