STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968169	R **02/23/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3650 SW VICEROY STREET** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 2/09/18 and 2/23/18 for Senior Paradise LLC, License #12454. All of the outstanding deficiencies were corrected at the time of the desk review.