STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	R **03/15/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE CARE COTTAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2277 S.E. LENNARD ROAD** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

A desk review revisit to the Change of Ownership (CHOW) survey was conducted on 03/15/2018 for Paradise Care Cottage (License #8585). All outstanding deficiencies were corrected.