

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965416	(X3) DATE SURVEY COMPLETED R 03/13/2018
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 Second Revisit Survey was conducted on 03/13/18. New Paradise Inc. (license #9810) had no deficiencies found at the time of the survey.