STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968233	R **04/11/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE HOME ALF INC (A)**	STREET ADDRESS, CITY, STATE, ZIP CODE **13219 44TH PL** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced Relicensure survey revisit was conducted on at Paradise Home ALF Inc., License #12144. Previously cited deficiencies were found corrected at the time of the revisit.