

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/05/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967426	(X3) DATE SURVEY COMPLETED R 05/17/2018
NAME OF PROVIDER OR SUPPLIER PARADISE HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8950 SW 215TH TERRACE CUTLER BAY, FL 33189	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey desk review completed on 05/17/2018 for Paradise Home ALF Corp. (license number 11459).