

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968394	(X3) DATE SURVEY COMPLETED R 06/13/2018
NAME OF PROVIDER OR SUPPLIER PARADISE LOVE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 101 NE 9TH CT CAPE CORAL, FL 33909	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 6/13/18 at Paradise Love ALF Inc., an assisted living facility (license #12301) in Cape Coral, Florida.

This was a second follow up to a complaint survey completed on 12/28/17.

The previous deficiencies were found corrected and no new deficiencies were identified.