

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953246	(X3) DATE SURVEY COMPLETED R 08/23/2018
NAME OF PROVIDER OR SUPPLIER MARIBEL PARADISE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 651 EAST 49 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on August 23, 2018. Maribel Paradise Home Inc. (License # 12258) had a deficiency identified under the Emergency Power Plan Complaint Survey conducted on the same day.