STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969399	**09/06/2018**
NAME OF PROVIDER OR SUPPLIER **PARAISO ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6174 97TH TERR N** **PINELLAS PARK, FL 33782**	

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

0000 - Initial Comments

Assisted Living Facility

An Initial Licensure Survey was conducted at Paraiso Assisted Living on 9/6/18.
At the time of the survey, Paraiso Assisted Living Facility had no deficiencies.