

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969018	(X3) DATE SURVEY COMPLETED R 09/19/2018
NAME OF PROVIDER OR SUPPLIER AGING HOME PARADISE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ZACALO WAY KISSIMMEE, FL 34743	

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

0000 - Initial Comments

9/19/18 desk review conducted to Relicensure survey. Aging Home Paradise LLC, had no deficiencies at the time of the review.