STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965865	R **10/09/2018**
NAME OF PROVIDER OR SUPPLIER **E & A PARADISE HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5925 SW 117 AVENUE** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 10/09/2018. E & A Paradise Home, Inc, license 10185, with a Limited Mental Health component had no deficiencies identified at the time of survey: