STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967941	**10/01/2018**
NAME OF PROVIDER OR SUPPLIER **TROPICAL PARADISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1593 BRICKYARD ROAD** **CHIPLEY, FL 32428**	

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

0000 - Initial Comments

An unannounced complaint survey for allegations contained within CCR#2018012184 was conducted at Tropical Paradise, state license #11939, from 10/01/2018. A biennial with limited mental health specialty was conducted in conjunction. At the time of the survey, no deficient practice was identified.