

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967941	(X3) DATE SURVEY COMPLETED 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 biennial survey with limited mental health specialty was conducted at Tropical Paradise, state license #11939, on 10/01/2018. A complaint survey for allegations contained within CCR#2018012184 was conducted in conjunction. At the time of the survey, no deficient practice was identified.