STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969417	**11/02/2018**
NAME OF PROVIDER OR SUPPLIER **WELLINGTON SENIOR PARADISE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **896 LEMONGRASS LN** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

An announced Initial Assisted Living Facility licensure survey for a capacity of 5 was conducted on 11/02/2018 at Wellington Senior Paradise Corp. The facility had no deficiencies identified at the time of the survey.