STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969153	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **SAFE FAITH PARADISE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 BRENTFORD CT** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

A Capacity increase survey was conducted on . . . . . in addition to a revisit to an Emergency Power Plan monitoring. Safe Faith Paradise license # 12988 had a deficiency at the time of the visit. The capacity was increased from 5 to 6.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on facility record review and interview the facility failed to ensure that a change in the use of space that increased or decreased the facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 58A-5.0161, F.A.C.

Findings:

Facility record review revealed a County Health inspection report dated . The administrator said on at 10 AM that the inspector was due to come sometime in or . . . . . She did not have a current inspection report.

Class III