

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969153	(X3) DATE SURVEY COMPLETED R 12/13/2018
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 revisit to a survey to increase capacity from 5 to 6 residents was conducted on 12/13/18. Safe Faith Paradise, license #12988, had no deficiencies at the time of the visit.