

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953246	(X3) DATE SURVEY COMPLETED R 01/01/2019
NAME OF PROVIDER OR SUPPLIER MARIBEL PARADISE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 651 EAST 49 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018012805) Revisit was conducted on December 19, 2018 and concluded on January 1, 2019. Maribel Paradise Home Inc. surrendered their license and are no longer in operation.