

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967941	(X3) DATE SURVEY COMPLETED 12/20/2018
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 complaint survey for allegations contained within CCR#2018017187 was conducted on 12/20/18 at Tropical Paradise, an assisted living facility. At the time of survey, no deficient practice was identified.