| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968233** | **01/29/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**PARADISE HOME ALF INC (A)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13219 44TH PL**<br>**ROYAL PALM BEACH, FL 33411** | |

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

**0000 - Initial Comments**

An unannounced licensure complaint survey, CCR #2018016936, was conducted on 01/29/2019 at Paradise Home ALF Inc., License #12144. The facility had no deficiencies identified at the time of the survey.