

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943164	(X3) DATE SURVEY COMPLETED R 01/23/2019
NAME OF PROVIDER OR SUPPLIER EL PARAISO HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1540 SW 7TH STREET MIAMI, FL 33135	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on January 23, 2019. El Paraiso Home, Inc., with Limited Nursing Services and Limited Mental Health components had deficiencies cited under the biennial revisit survey.