STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969018	R **01/24/2019**
NAME OF PROVIDER OR SUPPLIER **AGING HOME PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ZACALO WAY** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

A Second revisit to complaint investigation #2018009221 was conducted on 01/24/2019. Aging Home Paradise license # 2865 had no deficiencies found at the time of the visit.