STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	R **03/26/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint (CCR#2019000007) Revisit Survey was conducted on March 26, 2019. Residential Paradise, Inc. with limited mental health component had no deficiencies identified at the time of survey.