STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943164	R **04/10/2019**
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 second revisit to a relicensure survey was conducted at El Paraiso Home, Inc. on April 10, 2019. The facility had no deficiencies identified at the time of survey.