

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966900	(X3) DATE SURVEY COMPLETED R 05/06/2019
NAME OF PROVIDER OR SUPPLIER TROPICAL PARADISE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14112 SW 145 PLACE MIAMI, FL 33186	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Tropical Paradise ALF , Inc. on 05/06/19. Deficiencies were found to be corrected at the time of the survey.