

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/30/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969153	(X3) DATE SURVEY COMPLETED R 05/22/2019
NAME OF PROVIDER OR SUPPLIER SAFE FAITH PARADISE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 541 BRENTFORD CT KISSIMMEE, FL 34758	

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

0000 - Initial Comments

A desk review was conducted on 5/22/19 to a Generator monitoring. Safe Faith Paradise had no deficiencies at the time.