STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965947	R **04/09/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS IN PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4636 WEST 6TH AVENUE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A re-licensure revisit was conducted at Angels in Paradise, Inc. on . . . . The facility had a deficiency at the time of the survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain a safe living environment for a census of five of five sampled residents.

Findings included:

Observation on . . . . at 2:30 pm revealed the following information:

The ceiling of the living room had a water stain.
had a piece of the border of the floor missing.
The . . . area had five boxes on the floor.

On . . . . at 2:00 pm, observed Resident #4 sitting at the . . . area.

On . . . . at 2:00 pm Staff A stated, "I am still fixing stuff, but it will be removed soon." In addition, Staff A stated, " I also waiting on the home insurance to fix the ceiling."

Uncorrected
Class III