STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967840	R **05/29/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21164 SW 92 PL** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A 2nd revisit to a biennial survey was conducted at Paradise Villa ALF on 05/29/2019. Deficiencies were found to be corrected at the time of the survey.