

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965416	(Y2) Multiple Construction A. Building _____ B. Wing _____	(Y3) Date of Revisit 11/24/2015
Name of Facility NEW PARADISE INC		Street Address, City, State, Zip Code 2001 SW 80 COURT MIAMI, FL 33155

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0032 Reg. # 58A-5.0182(6) FAC LSC _____	Correction Completed 11/24/2015	ID Prefix A0080 Reg. # 429.52(1-2) FS: 58A-5.0191 LSC _____	Correction Completed 11/24/2015	ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC _____	Correction Completed 11/24/2015
ID Prefix AL243 Reg. # 429.075(1) FS: 58A-5.0191 LSC _____	Correction Completed 11/24/2015	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency _____				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____				
Followup to Survey Completed on: 10/1/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2015

Administrator
New Paradise Inc
2001 Sw 80 Court
Miami, FL 33155

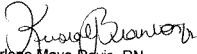
Dear Administrator:

This letter reports findings of a Abbreviated Biennial Revisit Survey that was conducted on November 24, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtm> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

jcj
Enclosure

1GGN

