State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965416	A. Building B. Wing	11/24/2015

Name of Facility	Street Address, City, State, Zip Code
NEW PARADISE INC	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
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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 CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
10/1/2015			

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.shtml 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

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