

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966313	(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER PARADISE VILLA RETIREMENT HOME IV AT PEMBROKE PINE	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 NW 92ND AVENUE PEMBROKE PINES, FL 33024	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2016013845 was conducted 2/24/17 at Paradise Villa Retirement Home IV (license # 11931). The facility had no deficiencies identified at the time of the survey.