| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966313** | R<br>**11/30/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PARADISE VILLA RETIREMENT HOME IV AT PEMBROKE PINE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1145 NW 92ND AVENUE**<br>**PEMBROKE PINES, FL 33024** | |

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

**0000 - Initial Comments**

An unannounced Relicensure revisit survey was conducted on 11/30/2018 at Paradise Villa Retirement Home IV at Pembroke Pines, License #10545. The previously cited deficiencies were found corrected at the time of the survey.