

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968514	(X3) DATE SURVEY COMPLETED 07/09/2013
NAME OF PROVIDER OR SUPPLIER Golden Age Senior Living Care, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 533 Bristol Cr Kissimmee, FL 34758	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

7/9/13 An announced initial Assisted Living Facility licensure survey was conducted. Golden Age Senior Living had no deficiencies found during the visit.

Capacity 5



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 26, 2013

Administrator
Golden Age Senior Living Care, LLC
533 Bristol Cr
Kissimmee, FL 34758

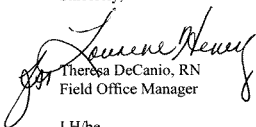
Dear Administrator:

This letter reports the findings of an **initial Licensure survey** conducted on July 9, 2013 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

