

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/17/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967442	(X3) DATE SURVEY COMPLETED 09/10/2013
NAME OF PROVIDER OR SUPPLIER Golden Abbey Ormond Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Hand Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0164-Records - Inspection Availability-09/10/2013

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 17, 2013

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Re: CCR #2013002271

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 10, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/KW/sm
Enclosure

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