STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965300	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Sunset	5019 Magpie Drive New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/10/2013
0076-Do Not Resuscitate Orders (dnros)-10/10/2013
0081-Training - Staff In-Service-10/10/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/10/2013
0090-Training - Do Not Resuscitate Orders-10/10/2013
0152-Physical Plant - Safe Living Environ/other-10/10/2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 22, 2013

Administrator
Golden Sunset
5019 Magpie Drive
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a state licensure follow-up (desk review) conducted on October 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 desk review.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patrica Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form (5000-3547)

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