

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/26/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968237	(X3) DATE SURVEY COMPLETED 03/24/2014
NAME OF PROVIDER OR SUPPLIER Golden Ranch II	STREET ADDRESS, CITY, STATE, ZIP CODE 14499 SW 48th Court Miramar, FL 33027	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility standard Biennial licensure survey was conducted on 03/24/2014 at Golden Ranch II. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 27, 2014

Administrator
Golden Ranch II
14499 SW 48th Court
Miramar, FL 33027

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on March 24, 2014 by a representative 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.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

