

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/27/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964673	(X3) DATE SURVEY COMPLETED 05/21/2014
NAME OF PROVIDER OR SUPPLIER Golden Wings Darrow	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 Darrow Rd Sw Palm Bay, FL 32908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-05/21/2014
0080-Training - Core & Competency Test-05/21/2014
0085-Training - Nutrition & Food Service-05/21/2014
0162-Records - Resident-05/21/2014

Specific Tag Findings:

0000-Initial Comments

A revisit survey was conducted on 05/21/2014 at Golden Wings of Darrow Assisted Living Facility. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 27, 2014

Administrator
Golden Wings Darrow
1351 Darrow Rd SW
Palm Bay, FL 32908

RE: Revisit to biennial w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on May 21, 2014 by representative(s) 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. **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

