

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967463	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER Gold Coast Loving Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 5517 Hayes Street Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-10/09/2014

0092-Food Service - General Responsibilities-10/09/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the Relicensure survey was conducted at Gold Coast Loving Care, Inc. on 10/09/2014. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 21, 2014

Administrator
Gold Coast Loving Care Inc
5517 Hayes Street
Hollywood, FL 33021

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted on October 9, 2014 by 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Ridge - Phoenix, Arizona
Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

