STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	01/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Age Assisted Living Facility Corp	**5970 Nw 3 Street Miami, FL 33126**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-01/22/2015
0030-Resident Care - Rights & Facility Procedures-01/22/2015
0078-Staffing Standards - Staff-01/22/2015
0081-Training - Staff In-Service-01/22/2015
0082-Training - Hiv/aids-01/22/2015
0090-Training - Do Not Resuscitate Orders-01/22/2015
0093-Food Service - Dietary Standards-01/22/2015
0160-Records - Facility-01/22/2015
0167-Resident Contracts-01/22/2015
Z815-Background Screening; Prohibited Offenses-01/22/2015
Z827-Unlicensed Activity-01/22/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Re-visit Survey was conducted on 01/22/15. Golden Age Assisted Living Facility, Corp. had no deficiencies found at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2015

Administrator
Golden Age Assisted Living Facility Corp
5970 Nw 3 Street
Miami, FL 33126

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on January 22, 2015 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.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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