

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968393	(X3) DATE SURVEY COMPLETED 05/29/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ASSISTED LIVING FACILITY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 5970 NW 3 STREET MIAMI, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Complaint Investigation Survey (CCR#2015003889) was conducted on 05/29/15. Golden Age Assisted Living Facility, Corp with a standard license had no deficiency found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

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

RE: CCR #2015003889

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on May 29, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 surveyor(s). Should you have any questions, please contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,


Ariene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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