STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968053	**09/25/2015**
NAME OF PROVIDER OR SUPPLIER **GOLDEN HOUSE SENIOR LIVING #1**	STREET ADDRESS, CITY, STATE, ZIP CODE **3991 CR 210 WEST** **ST JOHNS, FL 32259**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey CCR #2015007357 was conducted at Golden House Senior Living Saint Augustine, FL on September 25, 2015. Deficiencies were not identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 29, 2015

Administrator
Golden House Senior Living #1
3991 CR 210 West
St. Johns, FL 32259

Re: CCR #2015007357

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 25, 2015 by a representative 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. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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