

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967442	(X3) DATE SURVEY COMPLETED 11/24/2015
NAME OF PROVIDER OR SUPPLIER GOLD CHOICE ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0000 Initial Comments

An unannounced off-hours complaint survey (CCR#2015010403) was conducted at Gold Choice Ormond Beach on 11/23/15 & 11/24/15. Gold Choice Ormond Beach had no deficiencies at the time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2015

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2015010403

Dear Administrator:

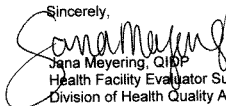
This letter reports the findings of a complaint survey completed on November 24, 2015 by representatives of this office.

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 surveyors. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,


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

JM/sm
Enclosure

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