

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969043	(X3) DATE SURVEY COMPLETED 06/27/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN SWAN OF BOCA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 19494 HAMPTON DR BOCA RATON, FL 33434	

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

0000 Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 residents, was conducted on 6/27/16 at Golden Swan of Boca ALF. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 11, 2016

Administrator
Golden Swan Of Boca ALF
19494 Hampton Dr
Boca Raton, FL 33434

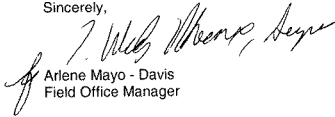
Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on June 27, 2016 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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