

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967327	(X3) DATE SURVEY COMPLETED R 03/06/2017
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ALF V, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7861 NORTHWEST 175 STREET HIALEAH, FL 33015	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on March 06, 2017. Golden Age ALF V, LLC (license # 11384) had no deficiencies identified at the time of the survey.