

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968514	(X3) DATE SURVEY COMPLETED R 06/06/2017
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE SENIOR LIVING CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 533 BRISTOL CR KISSIMMEE, FL 34758	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted on 6/06/2017. Golden Age Senior Living license # 12378 had no deficiencies at the time of the visit.