

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910320	(X3) DATE SURVEY COMPLETED 08/11/2017
NAME OF PROVIDER OR SUPPLIER GOLDEN RETREAT SHELTER CARE CE	STREET ADDRESS, CITY, STATE, ZIP CODE 4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209	

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

0000 - Initial Comments

A complaint investigation (CCR #2017005878) was conducted in conjunction with the biennial licensure survey at Golden Retreat Shelter Care Center (License #5846) on 8/11/2017. Golden Retreat Shelter Care Center had no deficiencies related to the complaint at the time of the investigation.