

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968393	(X3) DATE SURVEY COMPLETED R 01/09/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ASSISTED LIVING FACILITY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 5970 NW 3 STREET MIAMI, FL 33126	

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

0000 - Initial Comments

A Wellness Monitoring Revisit was conducted on January 09, 2018. Golden Age Assisted Living Facility Corp. (AL #12292) had a deficiency identified at the time of the survey cited under the complaint revisit.