

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/14/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967442	(X3) DATE SURVEY COMPLETED R 03/07/2018
NAME OF PROVIDER OR SUPPLIER GOLD CHOICE ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced revisit for CCR#2017011607, CCR#2017010976 and CCR#2017014594 was conducted on 3/7/18 at Gold Choice in Ormond Beach. No deficiencies were found at the time of the visit.