

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968393	(X3) DATE SURVEY COMPLETED R 03/14/2018
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 Complaint Survey (CCR#2017014049) Second re visit was conducted on 03/14/18. Golden Age Assisted Living Facility Corp. (AL #12292) had no deficiencies found at the time of the survey.		