| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967251** | R<br>**05/17/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOLDEN RANCH, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5711 SW 196TH LANE**<br>**SOUTHWEST RANCHES, FL 33332** | |

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

**0000 - Initial Comments**

An unannounced Relicensure revisit survey was conducted on 05/17/2018 at Golden Ranch, Inc, License #11306. All previously cited deficiencies were found corrected.