STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967764	R **05/02/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE FAMILY HOME II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15962 SW 81 STREET** **MIAMI, FL 33193**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey revisit was conducted on 05/02/2018. Golden Age Family Home II, Inc. with limited mental health component and license #11817 had no deficiencies identified at the time of the survey.