STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969384	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **BLESSED GOLDEN YEARS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1230 SW 94TH AVE** **MIAMI, FL 33174**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 05/16/2018. Blessed Golden Years had no deficiencies at the time of the survey. The facility has space for six residents and a recommendation will be made to the licensure unit for this capacity.

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