

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969083	(X3) DATE SURVEY COMPLETED R 09/04/2018
NAME OF PROVIDER OR SUPPLIER HC GOLDEN AGE ALF, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 15295 PALMETTO LAKE DR MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 09/04/2018. HC Golden Age ALF Corp. License #12915 had no deficiencies identified at the time of the survey.