

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/08/2018  
FORM APPROVED

|                                                                        |                                                                                              |                                                                     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966783</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>10/10/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EDAD DE ORO SENIOR CARE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>17891 SW 152 COURT</b><br><b>MIAMI, FL 33187</b> |                                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Survey revisit was conducted on 10/10/2018. Edad de Oro Senior care inc. with limited mental health license #10928 had no deficiencies identified at the time of the survey.