

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967442	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER GOLD CHOICE ORMOND BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced biennial licensure survey, in conjunction with two complaint investigations (CCR #2018017322 and CCR # 2018016679) was conducted at Gold Choice Ormond Beach on 1/15/19 to 1/16/19. Gold Choice Ormond Beach had no deficiencies at the time of the investigation.