

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967327	(X3) DATE SURVEY COMPLETED R 02/26/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ALF V, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7861 NORTHWEST 175 STREET HIALEAH, FL 33015	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on 2/26/19. Golden Age ALF V, LLC had no deficiencies identified at time of the survey.