STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968514	**04/29/2019**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIOR LIVING CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 BRISTOL CR** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 4/29/19. Golden Age Senior Living Care, Llc had no deficiencies at the time of the visit.