STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968053	**05/13/2019**
NAME OF PROVIDER OR SUPPLIER **GOLDEN HOUSE SENIOR LIVING #1**	STREET ADDRESS, CITY, STATE, ZIP CODE **3991 CR 210 WEST** **ST JOHNS, FL 32259**	

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

0000 - Initial Comments

A re-licensure survey with emergency power plan monitoring was conducted at the Golden House Senior Living #1 on May 13, 2019. The provider had no deficiencies at the time of the visit.