

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965545	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN YEARS FOR THE ELDERLY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13184 SW 19 TERRACE MIAMI, FL 33175	

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

0000 - Initial Comments

A revisit to a complaint survey was conducted at Golden Years for the Elderly Corp on 05/02/2018. Deficiencies were found to be corrected at the time of the survey.