

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966939	(X3) DATE SURVEY COMPLETED 01/03/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN GIRLS HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15700 SW 102 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A resident wellness monitoring was conducted on 01/03/18 at Golden Girls Home Inc., licence # 11065.