

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966939	(X3) DATE SURVEY COMPLETED R 03/26/2018
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 Standard Biennial Third Revisit Survey was conducted on 03/26/2018. Golden Girls Home Inc., licence # 11065 had no deficiencies identified at the time of survey.