STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968725	**10/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Green Life Assisted Living Facility	**840 SW 8th Street Pompano Beach, FL 33060**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility with Limited Nursing Services and Limited Mental Health initial licensure survey for a capacity of 23 residents was conducted on 10/16/2014 at Green Life Assisted Living Facility. The facility had no deficiencies found at the time of the visit .

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 28, 2014

Administrator
Green Life Assisted Living Facility
840 SW 8th Street
Pompano Beach, FL 33060

RE: Initial Licensure Survey

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 16, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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