

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/21/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X3) DATE SURVEY COMPLETED 08/12/2015
NAME OF PROVIDER OR SUPPLIER GRAND COURT ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 295 SW 4TH AVENUE POMPANO BEACH, FL 33060	

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

0000 Initial Comments

An unannounced complaint investigation was conducted at Grand Court Assisted Living Facility on 08/05/2015 and 08/12/2015. No deficiencies were identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 21, 2015

Administrator
Grand Court ALF
295 SW 4th Avenue
Pompano Beach, FL 33060

RE: CCR #2015004434

Dear Administrator:

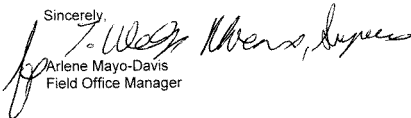
This letter reports the findings of a complaint survey completed on August 5, 2015 and August 12, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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