

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953535	(X3) DATE SURVEY COMPLETED 03/11/2016
NAME OF PROVIDER OR SUPPLIER GOOD HOPE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 NW 29TH COURT OAKLAND PARK, FL 33311	

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

0000 Initial Comments

An unannounced complaint survey, CCR# 2015012924 was conducted from 03/11/2016 at Good Hope Manor. The facility had no deficiency identified at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 29, 2016

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

RE: CCR #2015012924

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on March 11, 2016 by a representative from 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.

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,

A handwritten signature in dark ink, appearing to read "Aylene Mayo - Davis".

Aylene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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