

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED 12/15/2016
NAME OF PROVIDER OR SUPPLIER GREEN LIFE ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 840 SW 8TH STREET POMPAÑO BEACH, FL 33060	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2016011004, was conducted on 12/15/2016 at Green Life Assisted Living Facility (License # 12577). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 5, 2017

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

RE: CCR #2016011004

Dear Administrator:

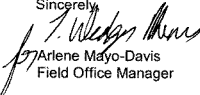
This letter reports the findings of a complaint survey completed on December 15, 2016 by a representative of this office.

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/dso

Enclosure: State form 5000-3547

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