

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953671	(X3) DATE SURVEY COMPLETED R 04/13/2017
NAME OF PROVIDER OR SUPPLIER AM GRAND COURT LAKES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 280 SIERRA DRIVE NORTH MIAMI BEACH, FL 33179	

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

0000 - Initial Comments

A Bed Increase revisit survey was conducted at AM Grand Court Lakes from 04/11/2017 till 04/13/2017. There were no deficiencies found at the time of the survey.