

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X3) DATE SURVEY COMPLETED 06/08/2017
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 licensure complaint survey, CCR# 2017002782 was conducted on 06/08/2017 at Grand Court ALF, License # 5464. The facility had no deficiencies at the time of the investigation.