

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953535	(X3) DATE SURVEY COMPLETED R 07/13/2017
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

A desk review revisit to the Limited Nursing services monitoring survey was conducted on 07/13/2017 at Good Hope Manor, License #8627. The facility had no deficiencies at the time of the visit.