

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966931	(X3) DATE SURVEY COMPLETED R 07/31/2017
NAME OF PROVIDER OR SUPPLIER HAMPTON COURT ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 7801 NW 45TH COURT LAUDERHILL, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A relicensure revisit survey was conducted by desk review on 07/31/2017 for Hampton Court ALF (License#11043). The facility had no uncorrected deficiencies at the time of the survey.		