STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968725	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **GREEN LIFE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 8TH STREET** **POMPANO BEACH, FL 33060**	

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

0000 - Initial Comments

A Revisit to complaint investigation (CCR #2017002762) was conducted as a desk review on September 19, 2017 for Green Life Assisted Living Facility, License #12577. Previously cited deficiencies were found corrected.