

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED 02/07/2018
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

An unannounced licensure complaint survey, CCR #2017013462, was conducted on 02/07/2018 at Green Life Assisted Living Facility, License #11968725. The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.