

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X3) DATE SURVEY COMPLETED 05/18/2018
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 #2018003097 was conducted on May 18, 2018 at Grand Court ALF, License #5464. There were no deficiencies identified at the time of the visit.