

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X3) DATE SURVEY COMPLETED 06/22/2018
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# 2018005427, was conducted on 06/22/2018 at Grand Court Assisted Living Facility, License # 5424. The facility had no deficiencies at the time of the survey.