STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	**07/30/2018**
NAME OF PROVIDER OR SUPPLIER **GOOD HOPE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2251 NW 29TH COURT** **OAKLAND PARK, FL 33311**	

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

0000 - Initial Comments

An unannounced Complaint Survey CCR# 2018006806 was conducted on 07/30/18 at Good Hope Manor, License #8627 . The facility had no deficiencies at the time of the visit.