

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED R 11/05/2018
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 (CCR# 2018006706) revisit survey was conducted on 11/05/2018 at Green Life Assisted Living Facility, License # 12577. The facility had no deficiencies identified at the time of the revisit.		