

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X3) DATE SURVEY COMPLETED R 01/07/2019
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 revisit to licensure complaint (CCR# 2018013811), was conducted on 01/07/2019 at Grand Court ALF, LLC License # 5464. The previously cited deficiencies were found corrected at the time of the survey.