

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953535	(X3) DATE SURVEY COMPLETED R 01/31/2019
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 licensure complaint revisit survey, CCR #2018015794, was conducted by desk review on 01/31/2019 for Good Hope Manor, License #8627. The previously cited deficiency was found corrected at the time of the survey.