

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968725	(X3) DATE SURVEY COMPLETED R 03/27/2019
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 revisit to the licensure compliant survey, CCR #2018015346 was conducted by desk review on 03/27/2019 for Green Life Assisted Living Facility, License #12577. The previously cited deficiency was found corrected at the time of the survey.