STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966931	R **06/06/2019**
NAME OF PROVIDER OR SUPPLIER **HAMPTON COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **7801 NW 45TH COURT** **LAUDERHILL, FL 33351**	

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

0000 - Initial Comments

A revisit to a biennial relicensure survey was conducted as a desk review for Hampton Court Assisted Living on 06/06/19. Deficiencies were found to be corrected at the time of the survey.