STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932585	**07/17/2015**
NAME OF PROVIDER OR SUPPLIER **FIVE STAR PREMIER RESIDENCES OF POMPANO**	STREET ADDRESS, CITY, STATE, ZIP CODE **1371 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015004129, was conducted on 07/16/2015 and 07/17/2015 at Five Star Premier Residences of Pompano Beach. The Assisted Living facility had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2015

Administrator
Five Star Premier Residences Of Pompano Beach
1371 South Ocean Blvd
Pompano Beach, FL 33062

RE: CCR #2015004129

Dear Administrator:

This letter reports findings of a state licensure Complaint survey that was conducted on July 16, 2015 and July 17, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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