

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932585	(X3) DATE SURVEY COMPLETED 06/23/2016
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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
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint (CCR #2016003127) was conducted on 6/23/16 at Five Star Premier Residences (AL7702). The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 20, 2016

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

RE: CCR #2016003127

Dear Administrator:

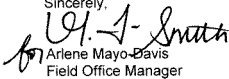
This letter reports the findings of a complaint survey completed on June 23, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Ariene Mayo-Davis
Field Office Manager

AMD/dmb

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