

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963914	(X3) DATE SURVEY COMPLETED 03/14/2017
NAME OF PROVIDER OR SUPPLIER COURT AT PALM AIRE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 NORTH COURSE DRIVE POMPANO BEACH, FL 33069	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 3/13/2017 and 3/14/2017 at The Court at Palm Aire (License#5961). The facility had no deficiencies identified during the time of the survey.