

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932585	(X3) DATE SURVEY COMPLETED 12/22/2017
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 abbreviated relicensure survey was conducted on 12/22/2017 at Five Star Premier of Pompano Beach, License #7702. The facility had no deficiencies found at the time of the survey.