

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911749	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER PRESERVE AT PALM AIRE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 MCNAB ROAD POMPANO BEACH, FL 33069	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017015138, conducted on 3/01/18 at the Preserve at Palm Aire ALF, License #7693. The allegations not substantiated. The facility had no deficiencies at the time of the investigation.