

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911749	(X3) DATE SURVEY COMPLETED R 10/23/2018
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

A licensure complaint revisit survey, CCR #2018009422, was conducted by desk review on 10/23/2018 for Preserve at Palm Aire (The), License #7693. The previously cited deficiency was found corrected on the day of the survey.