

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932585	(X3) DATE SURVEY COMPLETED R 01/08/2019
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 licensure complaint revisit survey to CCR# 2018010264, was conducted as a desk review on 1/8/2019, for Five Star Premier Residences of Pompano, License # 7702. The previously cited deficiency was found corrected.