STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963914	**01/16/2019**
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 Limited Nursing Services monitoring survey was conducted on- 01/16/2019 at The Court at Palm Aire, License # 5961. The facility had no deficiencies identified at the time of the survey.