

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911749	(X3) DATE SURVEY COMPLETED 06/30/2015
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NAME OF PROVIDER OR SUPPLIER PRESERVE AT PALM AIRE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3701 MCNAB ROAD POMPANO BEACH, FL 33069
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Assisted Living Facility capacity increase licensure survey (from 40 to 125 residents) was conducted on 6/30/2015 at (The Preserve at Palm Aire). The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 9, 2015

Administrator
Preserve At Palm Aire (the)
3701 McNab Road
Pompano Beach, FL 33069

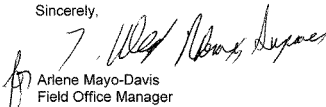
Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on June 30, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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