

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911749	(X3) DATE SURVEY COMPLETED 05/17/2017
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 Relicensure survey was conducted on 5/16/17 -5/17/17 at The Preserve at Palm Aire, License #7693. The facility had no deficiencies at the time of the visit.		