STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942705	11/18/2015
NAME OF PROVIDER OR SUPPLIER **BRIGHTON GARDENS OF BOCA RATON**	STREET ADDRESS, CITY, STATE, ZIP CODE **6347 VIA DE SONRISA DEL SUR** **BOCA RATON, FL 33433**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted at Brighton Gardens of Boca Raton on 11/30/2015. The facilty had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2015

Administrator
Brighton Gardens Of Boca Raton
6347 Via De Sonrisa Del Sur
Boca Raton, FL 33433

Re: Limited Nursing Services

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on November 18, 2015 by a representative from 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/jw
Enclosure

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