

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967795	(X3) DATE SURVEY COMPLETED R 02/24/2017
NAME OF PROVIDER OR SUPPLIER ANGUILLA CAY SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 NORTH RIDGE ROAD LANTANA, FL 33462	

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

0000 - Initial Comments

A revisit to licensure complaint survey #2016012918 was conducted on 2/24/17 at Anguilla Cay Senior Living (license #11772). The facility had no deficiencies at the time of the revisit.

This revisit was conducted in conjunction with revisit to complaint #2016009154.