STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968683	**02/22/2017**
NAME OF PROVIDER OR SUPPLIER **BANYAN PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 NW 5TH AVENUE** **BOCA RATON, FL 33431**	

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

0000 - Initial Comments

An unannounced bed increase survey (from a capacity of 52 to 125) was conducted at Banyan Place (License #12548) on 02/22/2017. The facility had no deficiencies identified at the time of the visit.