STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	R **03/29/2017**
NAME OF PROVIDER OR SUPPLIER **ATRIA MERIDIAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3061 DONNELLY DRIVE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A Relicensure revisit survey was conducted on 3/29/17 at Atria Meridian, License #4898. The facility had no deficiencies identified at the time of the visit.