

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969110	(X3) DATE SURVEY COMPLETED 05/03/2017
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT SINAI RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 21044 95TH AVE S BOCA RATON, FL 33428	

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

0000 - Initial Comments

An unannounced initial Extended Congregate Care survey was conducted on 05/03/17 at Health Center at Sinai Residences, License # 12931. The facility had no deficiencies at the time of the visit.