STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942705	**06/01/2017**
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 survey was conducted on 06/01/17 at Brighton Gardens of Boca Raton, License #8172. The facility had no deficiencies at the time of the visit.