

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942705	(X3) DATE SURVEY COMPLETED 10/04/2017
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 licensure complaint survey (CCR#2017006926) was conducted on 10/04/2017 at Brighton Gardens of Boca Raton License #8172. The facility had no deficiencies found during the time of the survey.