STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	**09/28/2017**
NAME OF PROVIDER OR SUPPLIER **ANGUILLA CAY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH RIDGE ROAD** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2017006605, was conducted on 09/28/17 at Anguilla Cay Senior Living, License #11772. The facility had no deficiencies at the time of the investigation.