

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969110	(X3) DATE SURVEY COMPLETED 12/21/2017
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

A Limited Nursing Service (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted on 12/21/17 at Health Center at Sinai Residences, an Assisted Living facility, License #12931. The facility had no deficiencies at the time of the visit.