STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968951	**12/21/2017**
NAME OF PROVIDER OR SUPPLIER **ARTIS SENIOR LIVING OF BOCA RATON LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5910 N FEDERAL HWY** **BOCA RATON, FL 33487**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring survey was conducted on 12/21/17 at Artis Senior Living of Boca Raton LLC., an Assisted Living facility, License #12835. The facility had no deficiencies at the time of the visit.