STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968683	**02/08/2018**
NAME OF PROVIDER OR SUPPLIER **BANYAN PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2950 NW 5TH AVENUE** **BOCA RATON, FL 33431**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2017013500 was conducted on 02/08/18 at Banyan Place, License #12548. The facility had no deficiencies at the time of the survey.