

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967795	(X3) DATE SURVEY COMPLETED 04/03/2017
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

A monitoring visit was conducted on April 3, 2017 at Anguilla Cay Senior Living (license #11772). The facility had no deficiencies at the time of the investigation.