

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/28/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942705	(X3) DATE SURVEY COMPLETED R 03/16/2018
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF BOCA RATON	STREET ADDRESS, CITY, STATE, ZIP CODE 6347 VIA DE SONRISA DEL SUR BOCA RATON, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review relicensure revisit was completed on 03/16/2018, for Brighton Gardens of Boca Raton (Lic#8172). The outstanding deficiency was corrected.		