| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969306** | **03/29/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SYMPHONY AT BOCA RATON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**21865 PONDEROSA DR**<br>**BOCA RATON, FL 33428** | |

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

**0000 - Initial Comments**

An initial Assisted Living Facility licensure survey for a capacity of 154 was conducted on 3/29/2018 at Symphony At Boca Raton. The facility had no deficiencies found at the time of the visit.