STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969358	**05/14/2018**
NAME OF PROVIDER OR SUPPLIER **BANYAN PLACE-LANTANA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 RIDGE RD** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An announced Assisted Living Facility Initial Licensure survey was conducted on 05/14/2018 at Banyan Place-Lantana. The facility had no deficiencies found at the time of the visit.