| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969110** | **06/29/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HEALTH CENTER AT SINAI RESIDENCES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**21044 95TH AVE S**<br>**BOCA RATON, FL 33428** | |

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

**0000 - Initial Comments**

A Limited Nursing Service (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted on 06/29/18 at Health Center at Sinai Residences, an Assisted Living facility, License #12931. The facility had no deficiencies at the time of the visit.