STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969397	**07/06/2018**
NAME OF PROVIDER OR SUPPLIER **SYMPHONY AT DELRAY BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4840 WEST ATLANTIC AVENUE** **DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An initial Licensure survey and initial Limited Nursing Services (LNS) survey was conducted on 07/06/18 at Symphony at Delray Beach, an Assisted Living Facility, in Delray Beach, Florida. The facility had no deficiencies at the time of this survey.