

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968683	(X3) DATE SURVEY COMPLETED R 08/20/2018
NAME OF PROVIDER OR SUPPLIER BANYAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2950 NW 5TH AVENUE BOCA RATON, FL 33431	

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

0000 - Initial Comments

An unannounced relicensure revisit survey, commenced on August 17, 2018 and concluded on August 20, 2018 for Banyan Place, License #12548. This was a follow-up desk review to the Relicensure survey completed on 06/20/2018. The facility corrected outstanding deficiencies at the time of the desk review.