STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969043	R **09/27/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN SWAN OF BOCA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **19494 HAMPTON DR** **BOCA RATON, FL 33434**	

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

0000 - Initial Comments

A desk review to the Relicensure survey was conducted on September 27, 2018 for Golden Swan Of Boca ALF, License #12872. The facility had corrected the outstanding deficiency at the time of the desk review.