

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/06/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912132	(X3) DATE SURVEY COMPLETED 10/23/2018
NAME OF PROVIDER OR SUPPLIER ATRIUM AT BOCA RATON (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1080 NORTHWEST 15TH STREET BOCA RATON, FL 33486	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018011319, was conducted on 10/23/2018 at The Atrium at Boca Raton, License #7352. The facility had no deficiencies at the time of the visit.