

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969110	(X3) DATE SURVEY COMPLETED R 12/12/2018
NAME OF PROVIDER OR SUPPLIER HEALTH CENTER AT SINAI RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 21044 95TH AVE S BOCA RATON, FL 33428	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 12/12/2018 for Health Center at Sinai Residence, License #12931. The facility corrected all outstanding deficiencies at the time of the survey.