

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969306	(X3) DATE SURVEY COMPLETED 02/26/2019
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT BOCA RATON	STREET ADDRESS, CITY, STATE, ZIP CODE 21865 PONDEROSA DR BOCA RATON, FL 33428	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018017757 was conducted on February 26, 2019 at Symphony At Boca Raton, License#13148. The facility had no deficiencies at the time of the survey.