

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969110	(X3) DATE SURVEY COMPLETED 03/01/2019
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 licensure complaint survey, CCR #2018013820, was conducted on 03/01/2019 at Health Center at Sinai Residences, License #12931. The facility had no deficiencies identified at the time of the survey.