STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969110	**03/19/2019**
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 Limited Nursing Service (LNS) and Extended Congregate Care (ECC) Monitoring survey was conducted on 03/19/2019 at Health Center at Sinai Residences, License #12931. The facility had no deficiencies at the time of the survey.