STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967989	R **05/22/2019**
NAME OF PROVIDER OR SUPPLIER **ADVENT SQUARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4798 NORTH DIXIE HIGHWAY** **BOCA RATON, FL 33431**	

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

0000 - Initial Comments

A desk revisit to a biennial survey was conducted at Advent Square (License # 11947) on 05/21/2019 and 05/22/2019. Previously cited deficiency was found to be corrected at the time of the survey.