

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11942705</b>	(X3) DATE SURVEY COMPLETED  <b>R</b>  <b>02/12/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIGHTON GARDENS OF BOCA RATON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6347 VIA DE SONRISA DEL SUR</b> <b>BOCA RATON, FL 33433</b>	

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 02/12/2019 for Brighton Gardens of Boca Raton, License #8172. The previously cited deficiency was found corrected at the time of the survey.