STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	**04/20/2017**
NAME OF PROVIDER OR SUPPLIER **ATLANTIS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6026 OLD CONGRESS** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced survey at Atlantis Assisted Living, License #10424 for a capacity increase of 14 beds was conducted on 04/20/17 at 1:15 PM, License # 10424. The facility had no deficiencies at the time of the visit.