STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	**08/17/2017**
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 licensure Complaint survey, CCR #2017004589, was conducted on August 10th, 15th and 17th, 2017 at Atlantis Assisted Living (License #10424). The facility had no deficiences identified at the time of the survey.