STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965789	**06/28/2017**
NAME OF PROVIDER OR SUPPLIER **TERRACE COMMUNITIES TEQUESTA ,**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 NORTH US ONE** **TEQUESTA, FL 33469**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care and Limited Nursing Services Monitoring survey was conducted on 6/28/17 at Terrace Communities Tequesta, License # AI10124. The facility had no deficiencies at the time of the visit.