

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965789	(X3) DATE SURVEY COMPLETED R 01/30/2018
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

A Revisit survey to complaint investigation, CCR #2017010620, was conducted on January 30, 2018 at Terrace Communities Tequesta, LLC, License #10124. A previously cited deficiency was corrected.