

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965789	(X3) DATE SURVEY COMPLETED R 04/27/2018
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 to the relicensure survey was conducted as a desk review on April 20th and 27th, 2018 for Terrace Communities Tequesta, License #10124 . Previously cited deficiencies were found corrected.