

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965789	(X3) DATE SURVEY COMPLETED R 06/20/2018
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 licensure complaint revisit survey for CCR #2017015042, CCR #2017015315, and CCR #2017015740 was conducted by desk review on 06/20/2018 for Terrace Communities Tequesta, LLC, License #10124. The facility corrected all outstanding deficiencies.		