STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965789	**11/21/2018**
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

An unannounced licensure complaint survey, CCR#2018015795, was conducted on November 21, 2018 at Terrace Communities Tequesta, License #10124. The facility had no deficiencies at the time of the investigation.

(An unannounced Revisit survey to licensure complaint survey, CCR #2018012893, was conducted in conjunction with the above complaint survey. Please see separate report for findings.)