STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965789	**04/16/2019**
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 investigation, Complaint Number 2019000585 was conducted on 04/16/2019 at Terrace Communities Tequesta. The facility had no deficiencies at the time of the survey.