

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965789	(X3) DATE SURVEY COMPLETED 04/22/2019
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

An unannounced licensure Extended Congregate Care (ECC) and Limited Nursing Services (LNS) Monitoring survey was conducted on 04/22/2019 at Terrace Communities Tequesta, License # 10124. The facility had no deficiencies at the time of the survey.