

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969008	(X3) DATE SURVEY COMPLETED 07/07/2016
NAME OF PROVIDER OR SUPPLIER THE CABANA AT JENSEN DUNES	STREET ADDRESS, CITY, STATE, ZIP CODE 1537 NE CEDAR ST JENSEN BEACH, FL 34957	

SUMMARY STATEMENT OF DEFICIENCIES
 (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On 07/07/16, an Initial Assisted Living Facility licensure survey with Limited Nursing Services (LNS) for a capacity of 130 beds was conducted at The Cabana at Jensen Dunes. The facility had no deficiencies identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2016

Administrator
The Cabana At Jensen Dunes
1537 NE Cedar St
Jensen Beach, FL 34957

RE: Initial Licensure Survey

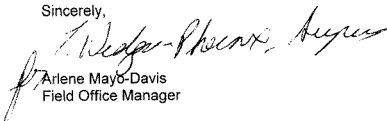
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on July 7, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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