STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	R **02/07/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TEQUESTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **205 VILLAGE BLVD** **TEQUESTA, FL 33469**	

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

0000 - Initial Comments

An unannounced follow-up to the relicensure survey was conducted on 02/07/2017 at Brookdale Tequesta (License #8833). The facility had no deficiencies found at the time of the visit.