STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	**05/18/2017**
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 licensure Complaint survey, CCR #2017001829, was conducted on May 9, 2017 and May 18, 2017 at Brookdale Tequesta (License #8833). The facility had no deficiencies identified during the survey.