STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969008	R **08/02/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CABANA AT JENSEN DUNES	**1537 NE CEDAR ST** **JENSEN BEACH, FL 34957**

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

0000 - Initial Comments

An unannounced revisit to complaint survey #2017003234 was conducted on 8/02/17 at The Cabana at Jensen Dunes, License #12879. The facility had no uncorrected or new deficiencies at the time of the revisit.