

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964856	(X3) DATE SURVEY COMPLETED R 09/21/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE TEQUESTA	STREET ADDRESS, CITY, STATE, ZIP CODE 211 VILLAGE BLVD TEQUESTA, FL 33469	

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

0000 - Initial Comments

A licensure complaint survey revisit, CCR #2017003482, was conducted by desk review on 09/21/2017 for Brookdale Tequesta, License # 9321. The facility had no uncorrected deficiencies at the time of the review.