

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969008	(X3) DATE SURVEY COMPLETED 10/25/2017
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

Limited Nursing Services Monitoring survey was conducted on 10/25/17 at The Cabana at Jensen Dunes, License #12879. There were no deficiencies identified.