

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969008	(X3) DATE SURVEY COMPLETED 01/17/2018
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

An unannounced licensure Complaint survey, CCR #2017011065, was conducted on December 22, 2017 and January 17, 2018 at The Cabana At Jensen Dunes, License #12879. The facility had no deficient practice identified at the time of the survey.