

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964856	(X3) DATE SURVEY COMPLETED R 05/22/2018
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

An unannounced revisit to the complaint survey CCR# 2017013017, was conducted on 05/22/2018 at Brookdale Tequesta, License # 9321. Previously cited deficiencies were found corrected.