

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964856	(X3) DATE SURVEY COMPLETED R 07/03/2018
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

A revisit to licensure complaint survey, CCR# 2018001042, was conducted by desk review on 07/03/18 for Brookdale Tequesta, License #9321. The facility corrected all outstanding deficiencies.