STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969008	R **08/01/2018**
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 Revisit to the relicensure survey was conducted on August 1, 2018 at The Cabana At Jensen Dunes, License #12879. The previously cited deficiencies were found corrected.