STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964856	R **08/20/2018**
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 Limited Nursing Services (LNS) revisit survey, commenced on August 17, 2018 and concluded on August 20, 2018 for Brookdale Tequesta, License #9321. This was a follow-up desk review to the Limited Nursing Services survey completed on 06/27/2018. The facility corrected the previously cited deficiencies.