STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	**10/18/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE TEQUESTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **205 VILLAGE BLVD** **TEQUESTA, FL 33469**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure with Limited Nursing Services (LNS) survey was conducted on October 18, 2018 at Brookdale Tequesta (License #8833). The facility had no deficiencies identified at the time of the visit.