STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969008	**03/05/2019**
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 capacity increase survey for 10 beds was conducted on 03/05/19 at The Cabana at Jensen Dunes. The facility had no deficiencies at the time of the visit.