State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11910371

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/23/2015

Name of Facility
OAKBRIDGE TERRACE ASSISTED LIV

Street Address, City, State, Zip Code
23305 BLUE WATER CIRCLE
BOCA RATON, FL 33433

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0054** Reg. # **58A-5.0185(5) FAC** LSC	Correction Completed **09/23/2015**	ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC	Correction Completed **09/23/2015**	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed **09/23/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By [signature] **Reviewed By** [signature] **Date:** 9/28/15 **Signature of Surveyor:** [signature] **Date:** 9/28/15
State Agency

Reviewed By **Reviewed By** **Date:** **Signature of Surveyor:** **Date:**
CMS RO

Followup to Survey Completed on:
8/12/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 28, 2015

Administrator
Oakbridge Terrace Assisted Living
23305 Blue Water Circle
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on September 23, 2015 by a representative of this office.

Attached is the provider's copy of the State Form, revisit report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMd/dso
Enclosure

DT9D

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