



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2016

Administrator
Oakbridge Terrace At Azalea Trace
10100 Hillview Road
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on April 22, 2016 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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.

Should you have any questions please call me at 850-412-4540.

Sincerely,

For 
Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/22/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964649	(X3) DATE SURVEY COMPLETED R 04/22/2016
NAME OF PROVIDER OR SUPPLIER OAKBRIDGE TERRACE AT AZALEA TRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 10100 HILLVIEW ROAD PENSACOLA, FL 32514	

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

0000 Initial Comments

A desk review revisit survey was completed on April 22, 2016 for deficiencies cited on a complaint survey on March 10, 2016. Based on an acceptable plan of correction and supporting documentation, deficiencies were corrected.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11964649	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/22/2016
Y1	Y2	Y3
NAME OF FACILITY OAKBRIDGE TERRACE AT AZALEA TRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 10100 HILLVIEW ROAD PENSACOLA, FL 32514

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0167	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.025 FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/29/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) KC	DATE 4-22-16	SIGNATURE OF SURVEYOR Kristi Combs RWC	DATE 4-22-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 3/10/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO