

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911184	(X3) DATE SURVEY COMPLETED 05/26/2016
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NAME OF PROVIDER OR SUPPLIER OAKBRIDGE TERRACE AL RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 6051 S. VERDE TRAIL BOCA RATON, FL 33433
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Extended Congregate Care (ECC) monitoring survey was conducted on May 26, 2016 at Oakbridge Terrace AL Residence (License #5577). The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 8, 2016

Administrator
Oakbridge Terrace AI Residence
6051 S. Verde Trail
Boca Raton, FL 33433

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a monitoring survey that was conducted on May 26, 2016 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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,

[Handwritten signature: Arlene Mayo-Davis]
Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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