STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AL RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6051 S. VERDE TRAIL** **BOCA RATON, FL 33433**	

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

0000 - Initial Comments

An unannounced Extended Congregate Care monitoring survey was conducted on 06/01/2017 at Oakbridge Terrace Assisted Living Residence, License #5577 . The facility had no deficiencies at the time of the visit.