

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964649	(X3) DATE SURVEY COMPLETED R 04/04/2017
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 complaint survey was completed on April 4, 2017 for Oakbridge Terrace at Azalea Trace (License #9165). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.