STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964649	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 Limited Nursing Services (LNS) 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.