STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910371	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE ASSISTED LIV RES -**	STREET ADDRESS, CITY, STATE, ZIP CODE **23305 BLUE WATER CIRCLE** **BOCA RATON, FL 33433**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 08/14/2017 at Oakbridge Terrace Assisted Liv Res, License #5798. The facility had no deficiencies at the time of survey.