STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	**09/01/2017**
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 Relicensure Abbreviated survey was conducted on 08/31/2017 to 9/1/2017 at Oakbridge Terrace Al Residence at St. Andrews Entrance, License # 5577. The facility had no deficiencies at the time of the visit.