STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965486	**04/24/2018**
NAME OF PROVIDER OR SUPPLIER **OAKRIDGE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **297 SW COUNTY ROAD 300** **MAYO, FL 32066**	

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

0000 - Initial Comments

On 04/23/2018 through 4/24/2018, a biennial survey was conducted at Oakridge Assisted Living Facility , 927 SW County Road 300, Mayo, FL. (facility license number 9863), No deficiencies were identified at the time of the survey process.