| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964649** | **07/25/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**OAKBRIDGE TERRACE AT AZALEA TRACE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**10100 HILLVIEW ROAD**<br>**PENSACOLA, FL 32514** | |

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

**0000 - Initial Comments**

An unannounced monitoring visit to complete a generator assessment was conducted at Oakbridge Terrace at Azalea Trace on 7/25/2018. At the time of the visit, no deficient practice was identified.