STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910371	**09/13/2018**
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 licensure complaint survey, CCR #2018009193, was conducted on September 13, 2018 at Oakbridge Terrace Assisted Liv Res - Edgewater At Boca Pointe, License # 5798. The facility had no deficiencies identified at the time of the survey.