

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965486	(X3) DATE SURVEY COMPLETED 10/22/2018
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 October 22, 2018, an unannounced re-licensure survey was conducted at Oakridge Assisted living Facility (License #9863), Mayo, Florida. No deficient practice was identified at the time of the survey.