

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911184	(X3) DATE SURVEY COMPLETED 03/20/2019
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 Extended Congregate Care (ECC) monitoring survey was conducted on 03/20/2019 at Oakbridge Terrace AL Residence. The facility had no deficiencies at the time of the survey.		