STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910396	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE ASSISTED LIVING AT INDIAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **2200 INDIAN CREEK BLVD.** **VERO BEACH, FL 32966**	

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

0000 - Initial Comments

An abbreviated Relicensure survey was conducted on 05/15/2019 at Oakbridge Terrace Assisted Living At Indian River Estates. The facility had no deficiencies at the time of the survey.