

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911184	(X3) DATE SURVEY COMPLETED R 05/23/2019
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 A revisit to the Relicensure survey was conducted on 05/23/19 by desk review for Oakbridge Terrace Al Residence. The previously cited deficiencies were found corrected at the time of the survey.		