STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910371	R **06/07/2019**
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

A revisit to the Complaint survey, number 2019006305, was conducted by desk review on 06/07/2019 for Oakbridge Terrace Assisted Liv Res-Edgewater At Boca Pointe. The previously cited deficiency was found corrected at the time of the survey.