



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 21, 2014

Administrator
Bridgewater, The
500 Waterman Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 14, 2014 by a representative of this office.

Enclosed is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11912099	(X3) DATE SURVEY COMPLETED 08/14/2014
NAME OF PROVIDER OR SUPPLIER Bridgewater (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 500 Waterman Avenue Mount Dora, FL 32757	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0031-Resident Care - Third Party Services-08/14/2014
E201-Ecc - Policies-08/14/2014

0000-Initial Comments

An unannounced survey revisit as follow-up to a Biennial and Extended Congregate Care survey was conducted at The Bridgewater, an assisted living facility in Mt. Dora, FL. Previously cited deficiencies were cleared.