RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2015

Administrator
Bridgewater (the)
500 Waterman Avenue
Mount Dora, FL 32757

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on November 4, 2015 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form which indicates there were no discernible deficiencies noted on the date of the survey.

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

1GGN

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	11/04/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On November 4, 2015 an Extended Congregate Care monitoring survey was conducted at Bridgewater at Waterman in Mt Dora, FL. No deficient practice was identified during the survey.