STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968745	**10/03/2016**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 N SPRING LAKE DR** **ALTAMONTE, FL 32714**	

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

0000 Initial Comments

Re-licensure survey, license #12579, was conducted on 10/03/2016. Bridgeport Senior Living - Port Cardiff LLC had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 11, 2016

Administrator
Bridgeport Senior Living - Port Cardiff Llc
125 N Spring Lake Dr
Altamonte, FL 32714

RE: Re-licensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 3, 2016 by representative(s) of this office. Attached 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

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