

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965603	(X3) DATE SURVEY COMPLETED R 02/17/2017
NAME OF PROVIDER OR SUPPLIER BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO	STREET ADDRESS, CITY, STATE, ZIP CODE 3201 ROUSE ROAD ORLANDO, FL 32817	

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

0000 - Initial Comments

2/17/17 desk review completed to re-licensure survey. Bridge Assisted Living at Life Care Center of Orlando had no deficiencies at the time of the survey review.