STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	R **05/05/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT ISLE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3619 ROTHBURY DR** **BELLE ISLE, FL 34786**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 5/5/2017. Bridgeport Senior Living Port Isle LLC. Assisted Living (License# 12372) had no deficiencies at the time of the visit.