STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967652	**05/22/2017**
NAME OF PROVIDER OR SUPPLIER **CLARIDGE HOUSE AT THE BRIDGES (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11202 DEWHURST DRIVE** **RIVERVIEW, FL 33569**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced extended congregate care monitoring visit was conducted on 5/22/17.

The Claridge Houses at the Bridges (The), Assisted Living Facility, (License # 11670), had no deficiencies at the time of this visit.