STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	**05/30/2017**
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 5/30/2017, an unannounced Extended Congregate Care (ECC) monitoring survey was conducted at The Bridgewater at Waterman Village (facility license number 7869). The facility was in compliance at the time of the survey.