STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965229	R **06/07/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGE AT LIFE CARE CENTER OF OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 SW 41ST STREET** **OCALA, FL 34474**	

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

0000 - Initial Comments

On 6/7/2017, a follow-up to Abbreviated Biennial Survey was conducted for Bridge At Life Care Center Of Ocala (License #9601). The previously cited deficiency was cleared as a result of the visit.