STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	R **09/19/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGE AT INVERRARY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4291 ROCK ISLAND ROAD** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

A Revisit to the re-licensure survey was conducted as a desk review on September 19, 2017 for (The) Bridge At Inverrary, License #10669. Previously cited deficiencies were found corrected.