STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968915	**10/09/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING - PORT MARGATE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **906 SPRING VALLEY RD** **ALTAMONTE SPRINGS, FL 32714**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 10/9/17. Bridgeport Senior Living-Port Margate LLC, License #12752 had no deficiencies at the time of the visit.