STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGEWATER PARK ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **9174 SW 81ST CT** **OCALA, FL 34481**	

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

0000 - Initial Comments

On December 11, 2017, an announced initial licensure survey was conducted at Bridgewater Park Assisted Living Facility, Ocala, FL. No deficient practice was identified at the time of survey.