STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965603	R **12/18/2017**
NAME OF PROVIDER OR SUPPLIER **BRIDGE ASSISTED LIV AT LIFE CARE CENTER OF ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 ROUSE ROAD** **ORLANDO, FL 32817**	

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

0000 - Initial Comments

A revisit to the complaint investigation #2017012039 was conducted on . Bridge Assisted Living at Life Care Center of Orlando, License#9958, had a deficiency relating to this complaint at the time of the visit.

0160 - Records - Facility - 58A-5.024(1) FAC

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to ensure an annual fire inspection was conducted by the local fire department.

Findings:

On at 11:00 AM, the executive director stated the facility had not had the annual fire inspection done. She stated she had contacted the local fire department and paid an advance fee as required. She now was waiting for an unannounced fire inspection any time.

Class III