

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965603	(X3) DATE SURVEY COMPLETED R 02/14/2018
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 2/14/18 desk review conducted to complaint #2017012039. Bridge ALF @ Life Care of Orlando, license #9958, had no deficiencies at the time of the review.		