STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	**02/22/2018**
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 February 22, 2018, a complaint investigation (CCR#2018002601) was attempted at the Bridgewater Park Assisted Living Facility. The investigation determined the facility was erroronously identified in the complaint.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	**02/22/2018**
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 February 22, 2018, a complaint investigation (CCR#2018002601) was attempted at the Bridgewater Park Assisted Living Facility. The investigation determined the facility was erroronously identified in the complaint.