STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	R **03/19/2018**
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 , 2018 a desk review follow-up survey was conducted on Bridgewater Park Assisted Living Facility (AL11969221). No deficient practice was identified at this time.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	R **03/19/2018**
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 , 2018 a desk review follow-up of an initial Limited Nursing Service survey was conducted on Bridgewater Park Assisted Living Facility (AL11969221). No deficient practice was identified at this time.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC