STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966484	R **07/05/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGE AT INVERRARY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4291 ROCK ISLAND ROAD** **LAUDERHILL, FL 33319**	

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

0000 - Initial Comments

A revisit to complaint survey, CCR# 2018000308, was conducted by desk review on 07/03/18 and 07/05/18 for The Bridge at Inverrary, License # 10669. The facility corrected all outstanding deficiencies at the time of the survey.