STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912099	R **06/18/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEWATER (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 WATERMAN AVENUE** **MOUNT DORA, FL 32757**	

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

0000 - Initial Comments

On June 18, 2018 a follow-up desk review was conducted on Bridgewater at Waterman Assisted Living.
No deficient practice was identified at this time.