STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969039	R **07/31/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 STONEWOOD LN** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

A second revisit to the re-licensure survey was conducted on 07/31/2018. Bridgeport Senior Living-Port Maitland LLC, license #12851, had no deficiencies at the time of the revisit.