STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968745	**10/17/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 N SPRING LAKE DR** **ALTAMONTE, FL 32714**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 10/17/2018. Bridgeport Senior Living- Port Cardiff LLC. Assisted Living Facility, license #12579 had no deficiencies at the time of the visit.