STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968408	R **11/13/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8341 LAKE CROWELL CIR** **ORLANDO, FL 32836**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 11/13/2018. Bridgeport Senior Living, LLC. (License #12280) had no deficiencies at the time of the visit.