

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969221	(X3) DATE SURVEY COMPLETED 12/07/2018
NAME OF PROVIDER OR SUPPLIER BRIDGEWATER PARK ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 9174 SW 81ST CT OCALA, FL 34481	

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

0000 - Initial Comments

On December 7, 2018, an unannounced Limited Nursing Services Monitoring survey was conducted at Bridgewater Park Assisted Living Facility (License #13108). No deficient practice was identified at the time of the survey.