

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968507	(X3) DATE SURVEY COMPLETED 02/27/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEPORT SENIOR LIVING-PORT ISLE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3619 ROTHBURY DR BELLE ISLE, FL 34786	

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

0000 - Initial Comments

The re-licensure survey was conducted on 2/27/2019. Bridgeport Senior Living Port Isle LLC. (License #12372) had no deficiencies at the time of the visit.