

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968616	(X3) DATE SURVEY COMPLETED R 03/21/2019
NAME OF PROVIDER OR SUPPLIER BRIDGEPORT SENIOR LIVING-PORT SPRINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 404 SPRING VALLEY RD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

A revisit to the Generator Monitoring survey was conducted on 3/21/19. Bridgeport senior Living Port Springs had no deficiencies at the time of the survey.