STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968616	R **04/03/2019**
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 desk review was done on . . . . to the Monitoring visit conducted on . . . . . Bridgeport Senior Living Port Springs, LLC. License #12477 had no deficiencies at the time of the desk review.