STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967652	R **09/27/2017**
NAME OF PROVIDER OR SUPPLIER **CLARIDGE HOUSE AT THE BRIDGES (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **11202 DEWHURST DRIVE** **RIVERVIEW, FL 33569**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 9/27/17 to the biennial state licensure survey with extended congregate care (ECC) of 8/17/17. It was determined at the time of the desk review, that the previously cited deficiency had been corrected.

(License # 11670)