STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	R **02/14/2018**
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

A second revisit to a complaint investigation was conducted on 2/14/2018. Bridgeport Senior Living Port Isle LLC. (License #12372) had no deficiencies at the time of the visit.