STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969221	**02/19/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEWATER PARK ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **9174 SW 81ST CT** **OCALA, FL 34481**	

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

0000 - Initial Comments

On [redacted], an unannouanced intial survey for Limited Nursing Services was conducted at Bridgewater Park Assisted Living, license #13108. The facility was not in compliance at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled residents (Resident #7) had a complete Agency for Healthcare Administration (AHCA) form 1823, Resident Health Assessment.

Findings:

A record review was conducted of the clinical record of Resident #7. The record revealed an AHCA form 1823, Resident Health Assessment dated . The facility failed to document on Page 2, Section A, the extent of assistance or supervision the resident required for the following Activites of Daily Living: Ambulation, bathing, dressing, and self-care ( ).

On at 3:23 PM, an interview was conducted with the Executive Director (ED). The ED verified that imformation was omitted from Resident #7's AHCA form 1823.

Class III