

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968408</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/02/2023</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BRIDGEPORT SENIOR LIVING, LLC**

**8341 LAKE CROWELL CIR  
ORLANDO, FL 32836**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A re-licensure survey and a generator monitoring was conducted at Bridgeport Senior Living LLC. on . The provider had deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 000               |                                                                                                                          |                          |
| A 052<br>SS=D            | 429.256( . ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . syringe that is prefilled with the proper dosage by a pharmacist and an . that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.<br>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.<br>(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .<br>(d) Applying . medications.<br>(e) Returning the medication container to proper storage. | A 052               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRIDGEPORT SENIOR LIVING, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8341 LAKE CROWELL CIR<br/>ORLANDO, FL 32836</b>                              |  |                                                        |
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| A 052                                                                    | Continued From page 1<br><br>(f) Keeping a record of when a resident receives assistance with self-administration under this section.<br>(g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____.<br>(4) Assistance with self-administration of medication does not include:<br>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.<br>(b) The preparation of syringes for injection or the administration of medications by any injectable route.<br>(c) Administration of medications by way of a tube inserted in a _____, of the body.<br>(d) Administration of _____ preparations.<br>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.<br>(f) Assisting with _____, or _____ preparations.<br>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.<br>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                                    | <p>Continued From page 2</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH SELF-ADMINISTRATION.</p> <p>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.</p> <p>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.</p> <p>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.</p> <p>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.</p> <p>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                                    | <p>Continued From page 3</p> <p>enable the resident to take medication as prescribed:</p> <ol style="list-style-type: none"> <li>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,</li> <li>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,</li> <li>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or</li> <li>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.</li> </ol> <p>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.</p> <p>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> <p>(h) All trained staff must adhere to the facility's _____ control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, facility documentation review and interview, the facility failed to ensure that Caregiver A provided assistance with self-administration of medications to resident #2 as required.</p> <p>Findings:</p> | A 052                                                                          |                                                                                                                          |  |                                                        |

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| A 052                                                                    | <p>Continued From page 4</p> <p>An observation on ..... at 2 PM, Caregiver A unlocked the medication cabinet and retrieved the Medication Observation Record (MORs) book and initialed for medication ..... 1 milligram (mg) for resident #2 before assisting self-administration of the medication. Next, the caregiver A retrieved the medication prescription bottle of ..... Caregiver A got some apple sauce and put some on a spoon with the ..... pill on top attempting to help resident #2 hold in her ..... to take. While caregiver A was doing this, she left the medication bottle unsecured and unattended on the countertop and never read the medication out loud to resident #2. Resident #2 finally put the spoon to her ..... to take her medicine and swallowed, and then resident #2 asked for more applesauce.</p> <p>Resident #2's ..... Medication Observation Record (MORs) revealed to give resident #2 one ..... 1mg by ..... three times a day with food.</p> <p>(Photographic Evidence Obtained)</p> <p>On ..... at 2:10 PM, an interview with Caregiver A explaining why this medication pass observation was not successful.</p> <p>On ..... at 2:12 PM, an interview with the Administrator confirmed that she also observed caregiver A from start to finish assisting resident #2 with the medication pass and know that she has to provide more training to caregiver A.</p> <p>Class III</p> | A 052                                                                          |                                                                                                                          |  |                                                        |
| A 054<br>SS=D                                                            | 59A-36.008(5) FAC Medication - Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A 054                                                                          |                                                                                                                          |  |                                                        |

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| A 054                                                                    | <p>Continued From page 5</p> <p>(5) MEDICATION RECORDS.</p> <p>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.</p> <p>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:</p> <ol style="list-style-type: none"> <li>1. The name of the resident and any known _____ the resident may have;</li> <li>2. The name of the resident's health care provider and the health care provider's telephone number;</li> <li>3. The name, strength, and directions for use of each medication; and,</li> <li>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.</li> </ol> <p>(c) For medications that serve as chemical _____, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on facility documentation review and interview, the facility failed to ensure that Caregiver A sign the Medication Observation Record (MOR) each time a medication was given to resident #2.</p> | A 054                                                                          |                                                                                                                          |                          |                                                        |

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| A 054                                                                    | Continued From page 6<br><br>Findings:<br><br>Resident #2's . . . . . Medication<br>Observation Record (MORs) revealed a physician<br>order for resident #2 for one . . . . . 1<br>milligram (mg) by . . . . . three times a day with<br>food and one tablet . . . . . 100 mg by . . . .<br>twice daily for agitation. These medications were<br>not initiated or signed off on the MORs as being<br>given. Therefore, there were holes the MORs for<br>both of these medications on . . . . .<br><br>(Photographic Evidence Obtained)<br><br>On . . . . . at 2:30 PM, an interview with the<br>Administrator confirmed the findings. Again, she<br>stated that she will re-train Caregiver A.<br><br>Class III                                                                                     | A 054                                                                          |                                                                                                                          |  |                                                        |
| A 055<br>SS=D                                                            | 59A-36.008(6) FAC Medication - Storage and<br>Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and<br>preferences of residents and to encourage<br>residents to remain as independent as possible,<br>residents may keep their medications, both<br>prescription and over-the-counter, in their<br>possession both on or off the facility premises.<br>Residents may also store their medication in their<br>rooms or apartments if either the room is kept<br>locked when residents are absent or the<br>medication is stored in a secure place that is out<br>of sight of other residents.<br>(b) Both prescription and over-the-counter<br>medications for residents must be centrally stored<br>if:<br>1. The facility administers the medication; | A 055                                                                          |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968408</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/02/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRIDGEPORT SENIOR LIVING, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8341 LAKE CROWELL CIR<br/>ORLANDO, FL 32836</b>                              |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 055                                                                    | Continued From page 7<br><br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or<br>6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(d) Medication that has been discontinued but has not expired must be returned to the resident | A 055                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11968408</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/02/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRIDGEPORT SENIOR LIVING, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8341 LAKE CROWELL CIR<br/>ORLANDO, FL 32836</b>                              |                          |                                                        |
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| A 055                                                                    | <p>Continued From page 8</p> <p>or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider.</p> <p>(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).</p> <p>(f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.</p> <p>(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications properly stored in a secured central location and maintain a medication in a safe manner out of the sight of the residents.</p> <p>Findings:</p> | A 055                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**BRIDGEPORT SENIOR LIVING, LLC**

**8341 LAKE CROWELL CIR  
ORLANDO, FL 32836**

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|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 055                    | <p>Continued From page 9</p> <p>On ..... at 9:30 AM, found one unknown medication pill on the couch in the living room, unknown where it came from and who it belong to.</p> <p>(Photographic Evidence Obtained)</p> <p>On ..... at 9:31 AM, an interview with Caregiver A asking her where did the unknown medication pill come from? She answered she did not know and attempted to dispose it but it was told to her to leave it on the couch so it could be shown to the Administrator when she arrives to the facility.</p> <p>On ..... at 10:10 AM, the Administrator arrived at the facility and confirmed the finding after being shown to her and she discarded it and stated that she will have to re-train staff to securely lock medications and to complete monitor sweeps in the furniture.</p> <p>Class III</p> | A 055               |                                                                                                                          |                          |