Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968745	A. BUILDING: _____ B. WING _____	06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC	125 N SPRING LAKE DR ALTAMONTE SPRINGS, FL 32714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Investigation #2023004414 and a generator monitoring was conducted at Bridgeport Senior Living-Port Cardiff LLC. Assisted Living Facility on . . . . . The facility had deficiencies at the time of the survey visit.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida . . . . Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1	A 030		

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical [illegible].
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4	A 030		

relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to honor rights for 1 of 4 sampled residents (#1) by moving personal belongings out inappropriately and , ; and not honoring resident #1's signed contract provisions when the termination process occurs in an assisted living facility. Findings:	A 030		

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A 030	Continued From page 6 Resident #1's record review revealed admission date . Resident #1 in the hospital on . The 1823 Health Assessment dated listed medical history of , Partial replacement right, distension, and . Her status was non-verbal and did not know how to follow commands. She needed assistance with activities of daily living (ADLs) except supervision with eating. She ambulated with a walker and mostly chair bound. She needed assistance with self-administration of medications. (Photographic Evidence Obtained) A facility note dated by the Administrator documented the resident's daughter notified her about mother's belongings have been mixed in with roommate's belongings. The Administrator re-educated staff on keeping belongings separated. A facility note dated by the Administrator documented the resident's daughter notified her of missing wedding photos. The Administrator will follow up and will look for the photo at the facility. The Administrator told staff to also look out for the wedding photos. A facility note dated by the Administrator documented the resident's daughter emailed the Administrator with a list of observations, suggestions, and complaints. The Administrator provided staff training and educations. A facility note dated by the Administrator	A 030		

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A 030	Continued From page 7 documented that staff caregivers reported resident #1 was experiencing . Family notified. Family reached out to physician. A facility note dated at 2:34 PM by the Administrator documented notified daughter of re-occurring and this morning it was a constant flow. Daughter requested resident to be transported to hospital via ambulance. Later at 9 PM, the daughter informed facility that resident #1 had in all the lining of her . Doctors suggested emergency surgery but declined. A facility note dated by the Administrator was notified by the daughter that resident #1 passed ( ) away at 5:44 AM. On at 4:55 AM, an email documentation from the Director of Admissions to the daughter expressing her condolences of resident #1's passing and apologizing about moving resident #1's personal belongings from resident #1's room before the daughter could come and pick up the items. On at 7:18 AM, an email documentation from the legal representative (daughter) of resident #1 to the Director of Admissions expressing that she was very upset with her and that she lied about some additional information and how the facility handled her mother's personal items by storing them inside the facility's garage the next day after her mother (resident #1) and she acknowledge that additional refund amount was due. Observation on at 3:20 PM, that resident #1's personal belongs were still stored in the garage but not in garbage bags, in container	A 030		

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A 030	Continued From page 8 bins. On . . . . . at 3:45 PM, an interview with the Administrator about resident #1's daughters' concerns. The administrator stated that she attempted to call the daughter to express her condolences and assist with her concerns, but the daughter would not respond or call . The administrator explained to me that the Director of Admissions moved resident #1's personal belonging into the garage because she had a quick new move in. It was explained that the facility must honor resident rights and contractual agreement. The administrator expressed that she understood and agreed that the daughter is grieving the loss of her mother. The administrator also confirmed that the staff looked all over the facility for the wedding photos the daughter had told her about in , but was not able to locate it and that was the only furniture the daughter brought to attention that was missing. The administrator had no knowledge of any furniture given to other residents or any other furniture or personal belongs that was missing for resident #1. On at 5 PM, an attempted telephone interview to the Director of Admissions but no answer and not available. There was documented evidence that an outstanding refund amount due to resident #1's legal representative and was not yet refunded . . . as of . . . . . . Class III	A 030		

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A 081	Continued From page 9	A 081		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the	A 081		

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A 081	Continued From page 10	A 081		

employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting adverse incidents.
2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the

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A 081	Continued From page 11 following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 2 of 3 sampled staff (A & C) completed in service trainings specific to their job duties required before	A 081		

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A 081	Continued From page 12 interacting with the residents for the 2 hours preservice orientation training; and 3 hours of Activities of Daily Living and behavioral needs training within 30 days of employment as required. Findings: 1. Med Tech A's personnel record revealed hire date . There was no documented evidence of the 2 hours preservice orientation training completed in topics of facility type and services offered by the facility and no 3 hours Activities of Daily Living (ADLs) and behavioral needs training in the file. 2. Med Tech C's personnel record revealed hire date . There was no documented evidence of the 2 hours preservice orientation training completed in topics of facility type and services offered by the facility and no 3 hours Activities of Daily Living (ADLs) and behavioral needs training in the file. On .. .. at 4:45 PM, an interview with the Administrator confirmed the findings. Class III	A 081		
A 168 SS=D	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting	A 168		

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A 168	Continued From page 13	A 168		

from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. ....

429.27, FS Property and personal affairs of residents. -
(7) In the event of the . . . . of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968745	A. BUILDING: _____ B. WING _____	06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING - PORT CARDIFF LLC	125 N SPRING LAKE DR ALTAMONTE SPRINGS, FL 32714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 168	Continued From page 14 by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the [redacted] resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's [redacted], the funds shall be deposited in the Health Care Trust Fund administered by the agency. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to honor the refund policy by providing the responsible party the unused portion of payment beyond the termination date provided that 14 days advance written notice is given if the facility intends to make a claim against a refund due to 1 of 2 sampled residents (#1) as required. Findings: Resident #1's record review revealed admission date [redacted]. Resident #1 [redacted] in the hospital on [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted], Partial [redacted] replacement right, [redacted] distension, and [redacted]. Her [redacted] status was non-verbal and did not know how to follow commands. She needed assistance with	A 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 168	Continued From page 15 activities of daily living (ADLs) except supervision with eating. She ambulated with a walker and mostly chair bound. She needed assistance with self-administration of medications. The contract agreement dated documented that resident #1's monthly rate was $5400. The daily rate amount for 31 days in . . . . . was amount $174.19. (Photographic Evidence Obtained) On . . . . . , the facility mailed the legal representative (daughter) an incomplete refund check #3040 amount of 2438.71. The . . . . . shows $5400-$1219.33 (for , 2023) =$4180.67 total refund amount due. The facility already refunded amount $2438.71 subtracted from the $4180.67=$1741.96 outstanding refund amount still due to resident #1's legal representative (daughter). There was no documented evidence that outstanding refund amount $1741.96 was returned to resident #1's legal representative (daughter) as required. On . . . . . at 4:30 PM, an interview with the Administrator confirmed the finding but stated that she was not responsible for the refund being prorated. This was the responsibility of the Director of Admissions. Class III	A 168		
A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the	A 170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968745	A. BUILDING: _____ B. WING _____	06/19/2023

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A 170	Continued From page 16 resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to honor the refund policy by providing the responsible party the unused portion of payment beyond the termination date provided that 14 days advance written notice is given if the facility intends to make a claim against a refund due to 1 of 2 sampled residents (#1) as required. Findings: Resident #1's record review revealed admission date . Resident #1 in the hospital on . The 1823 Health Assessment dated listed medical history of , Partial , replacement right, distension, and . Her status was non-verbal and did not know how to follow commands. She needed assistance with activities of daily living (ADLs) except supervision with eating. She ambulated with a walker and mostly chair bound. She needed assistance with self-administration of medications. The contract agreement dated	A 170		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 170	Continued From page 17 documented that resident #1's monthly rate was $5400. The daily rate amount for 31 days in . . . . . was amount $174.19. (Photographic Evidence Obtained) On . . . . . , the facility mailed the legal representative (daughter) an incomplete refund check #3040 amount of 2438.71. The . . . . . shows $5400-$1219.33 (for , 2023) =$4180.67 total refund amount due. The facility already refunded amount $2438.71 subtracted from the $4180.67=$1741.96 outstanding refund amount still due to resident #1's legal representative (daughter). There was no documented evidence that outstanding refund amount $1741.96 was returned to resident #1's legal representative (daughter) as required. On . . . . . at 4:30 PM, an interview with the Administrator confirmed the finding but stated that she was not responsible for the refund being prorated. This was the responsibility of the Director of Admissions. Class III	A 170		