STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	**05/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRIDGEPORT SENIOR LIVING-PORT ISLE LLC	**3619 ROTHBURY DR BELLE ISLE, FL 34786**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Bridgeport Senior Living-Port Isle LLC Assisted Living Facility had deficiencies found at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility staff performed duties that were not consistent with their level of education, training, preparation, and experience in that unlicensed personnel removed and placed a leg brace on 1 of 2 sampled residents (#1) and failed to ensure that 1 staff in a sample of 4 staff (C) who was a newly hired staff had a statement from a health care provider that was based on an examination that was conducted within the last six months, that she did not have any signs or symptoms of a communicable . . . . . .

Findings:

1. Observations on . . . . . at approximately 10 AM, resident #1 had a leg brace on her wheelchair. During an interview with resident #1 at the time she stated the staff helped her place the brace on her leg and remove it. She stated she could do it herself, however it was faster for the staff to do it when they assisted her with getting up.

During an interview with Staff B on . . . . . at 11:10 AM she stated she would remove and apply the leg brace for resident#1 if she needed assistance.

During an Interview with Staff D on . . . . . at 1:15 PM she stated she would remove and apply the leg brace for resident#1 if she needed assistance.

Personnel record review for Staff B and Staff C revealed they were not nurses.

During an interview with the administrator on . . . . at approximately 2 PM, she stated she was not aware the unlicensed staff could not apply and remove a leg brace.

2. Personnel record review for staff C revealed she was hired on . . . . . Review of her freedom from communicable . . . . . statement revealed it was dated . . . . . (More than 6 months old.

During an interview with the administrator on . . . . at approximately 3 PM, she confirmed the freedom from communicable . . . . . stated was more than 6 months old.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility had no evidence to confirm that 2 of 4 sampled

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

0084 Continued From page 1

unlicensed staff (B and C) who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) and the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an ALF for 1 of 4 sampled unlicensed staff (D).

Findings:

During an interview with Staff B, C and D during the survey on ..... revealed they were all unlicensed staff and assisted with the self-administration of medication.

Personnel record review for Staff B and Staff C revealed there were certificates in their files that were dated ..... that noted "Med Pass Observation, Basic Training" and was for 4 hours.

Personnel record review for Staff D revealed she had a Certificate for 2 hours that was titled "Med Pass Positive Outcome."

There was no documentation found in their personnel record to confirm that Staff B and C had obtained a 4 hour training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

There was no documentation found in Staff D record to confirm that she had obtained the 2 hour annual continuing education on providing assistance with self-administered medications and safe medication practices in an ALF.

During an interview with the administrator on ..... at 3 PM she stated the staff had received the required medication training. She stated she would contact the Pharmacist that provided the training to have her put the correct title for the training.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to obtain weights semi-annually for 1 of 2 sampled residents (#1) who required assistance with Activities of Daily Living.

Findings:

Record review for resident #1 revealed an Resident Health Assessment form dated ..... that noted she required assistance with all of her Activities of Daily Living.

Review of her weight record revealed the last weight that was record was in ..... (due ..... The weight record

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BRIDGEPORT SENIOR LIVING-PORT ISLE LLC	**3619 ROTHBURY DR BELLE ISLE, FL 34786**	

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

0162 Continued From page 2

noted from ... through ... that the resident was unable to stand on the scale.

During an interview with the administrator on ... at approximately 3:30 PM she stated the weights were not taken for resident #1 as required.

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observations and interviews the facility failed to ensure it did not provide services other than a service for which it was licensed to provide.

Findings:

Observations on ... at approximately 9:45 AM of the facility's license, revealed that it was a standard license.

Observations on ... at approximately 10 AM, resident #1 had a leg brace on her wheelchair. During an interview with resident #1 at the time she stated staff helped her place the brace on her leg and remove it. She stated she could do it herself, however it was faster for the staff to do it when they assisted her with getting up.

During an interview with staff B on ... at 11:10 AM she stated she would remove and apply the leg brace for resident#1 if she needed assistance.

During an Interview with Staff D on ... at 1:15 PM she stated she would remove and apply the leg brace for resident#1 if she needed assistance.

Personnel record review for Staff B and Staff C revealed they were not nurses.

A Limited Nursing Service License and licensed staff was required for the facility to perform the care of braces.

During an interview with the administrator on ... at approximately 2 PM, she stated she was not aware the unlicensed staff could not apply and remove a leg brace and that it was a Limited Nursing Service.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bridgeport Senior Living-Port Isle Llc
3619 Rothbury Dr
Belle Isle, FL 34786

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida