STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968507	**03/14/2017**
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 relicensure survey was conducted on , 2017 and , 2017. Bridgeport Senior Living-Port Isle, license #12372, had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interviews, resident record reviews, and review of the facility grievance policy, the facility failed to implement the facility grievance procedure upon receipt of a complaint for 1 of 6 residents (#1).

Findings:

During an interview with resident #1 on at 9:25 AM, he said staff members yelled at him and he provided the name of a staff member who he said purposefully turned off his lamp at night and he would lay in the dark. He said he reported his concerns to the staff.

Review of the facility grievance log and his record revealed no documentation regarding his concerns.

The facility grievance policy reflected that when a resident had a grievance or concern, the administrator would complete the grievance log, address, and resolve the concern.

During an interview with the administrator on at 4:00 PM, she said resident #1 told her more than a few times that staff yelled at him. She said she did not believe what resident #1 said was true. She said the staff went above and beyond for resident #1. She said the communication skills of resident #1 were good at times and not at other times. She said resident #1 never gave her staff names of who yelled at him. She said resident #1 previously told her some things about the night shift. The night shift is the shift the staff member worked who resident #1 said turned off his lamp. She said resident #1 told her he had trouble getting help at night. She said there were no documented entries in the facility grievance log because she had not received any grievances. She said she did not document the concerns of resident #1 because he did not provide her with staff names or specifics.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record reviews and interviews, the facility did not make every reasonable effort to ensure that a prescription for 2 of 2 sampled residents (#1 & #2) who received assistance with self-administration of medications was filled timely.

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Findings:

1. Record review for resident #1 revealed a health assessment form 1823 dated that indicated he had diagnoses of Failure, and he required assistance with self-administration of his medications.

Review of his 2017 and 2017 Medication Observation Record (MOR) revealed an entry for /HCTZ milligrams (mg,) 1 tablet by mouth in the morning for and was scheduled at 9 AM. The staff initials were circled on and . The documentation on the back of the MOR reflected the medication was not given and was not available.

An entry for 40 mg, 1 tablet by mouth at bedtime for and was scheduled at 8 PM. The staff initials were circled on and . The documentation on the back of the MOR reflected the medication was not given and was not available.

An entry for 20 mg, 1 capsule by mouth once daily for and was scheduled at 8 PM. The staff initials were circled on and . The documentation on the back of the MOR reflected the medication was not given and was not available.

An entry for 0.5 mg, 1 tablet by mouth every evening for Agitation and was scheduled at 11 PM. The staff initials were circled on and . The documentation on the back of the MOR reflected the medication was not given and was not available.

2. Record review for resident #2 revealed a health assessment form 1823 dated that indicated she had diagnoses of and she required assistance with self-administration of her medications.

Review of her 2017 MOR revealed an entry for 2.5 mg, 1 tablet by mouth twice daily for and was scheduled at 8 AM and 8 PM. The staff initials were circled on , for the 8 AM dose. The documentation on the back of the MOR reflected the medication was not given and was not available.

Record reviews for resident #1 and #2 revealed no documented efforts made by the facility to ensure the medications were refilled in a timely manner.

During an interview with the administrator on at 4:00 PM, she confirmed the findings.

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Class III

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

Based on personnel record reviews and interview the facility failed to ensure that 1 of 4 staff (B) provided a healthcare provider statement of freedom from communicable including within 30 days of hire and failed to ensure that 1 of 4 personnel records (C) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for staff B, a caregiver hired on , revealed no evidence of a healthcare provider statement that indicated freedom from communicable including , as required.

2. Personnel record review for staff C, a caregiver hired on revealed a negative conducted in 2015. There was no documented evidence of a negative examination for 2016.

During an interview with the administrator on at 4:00 PM, she confirmed the above findings.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on observations, personnel record reviews and interview, the facility failed to ensure 2 of 3 direct care staff (A & B) received 's level 1 training within three months of employment.

Findings:

Observations made during the entrance to the facility on at 8:55 AM revealed a key , on the outside and inside of the front door that required a code to enter and exit the facility.

On at 1:00 PM, the administrator said the facility advertised that it provided memory care.

Personnel record review for staff A, a caregiver, revealed a hire date of . Her record contained a training certificate dated entitled " 2hrs" and a training certificate dated entitled " 4hrs."

Personnel record review for staff B, a caregiver, revealed a hire date of and a training

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certificate dated entitled " 2hrs."

There was no evidence staff A and staff B received 4 hours of the initial training entitled " and Related Level 1 Training," as required.

During an interview with the executive director on at 4:15 PM, she confirmed the findings. She was given the opportunity to provide additional information that indicated the training staff A and staff B received met the regulatory requirements. She was unable to provide the requested information.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on review of the facility dietary menus and interview the facility failed to keep regular and therapeutic menus on file for 6 months.

Findings:

Review of the facility menus revealed the facility maintained the dates of their menus on a separate laminated form. Review of the form revealed there were no menu dates for 2017.

During an interview with the administrator on at 3:15 PM, she confirmed the finding and said she made a mistake when she created the form that contained the menu dates.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview the facility failed to ensure resident contracts contained all the required information for 2 of 2 sampled residents (#1 & #2).

Findings:

Record review for resident #1 revealed a contract dated .

Record review for resident #2 revealed a contract dated .

The reviews revealed the contracts did not contain the following required information:

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A provision stating that at least 30 days written notice will be given before any rate increase.

During an interview with the executive director at 4:15 PM, she confirmed the findings.

Class

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observations, personnel record review, review of the Agency's background screening clearing house, and interview the facility failed to maintain an employee roster on the Agency's background screening clearing house that listed 3 of 4 facility employees (A, B, C) subject to a background screening.

Findings:

Observations during the survey revealed staff A and staff B were at the facility and provided resident care.

Review of the facility staffing schedule revealed staffs A, B and C were scheduled to work on the day of the survey.

Personnel record review for staff A, a caregiver, revealed a hire date of .

Personnel record review for staff B, a caregiver, revealed a hire date of .

Personnel record review for staff C, a caregiver, revealed a hire date of .

Review of the Agency's background screening clearing house revealed staffs A, B, C were not listed on the facility roster.

During an interview with the administrator on at 4:00 PM, she reviewed the facility roster on the Agency's background screening clearing house and confirmed staffs A, B and C were not listed, as required.

Unclassified