STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968616	R 04/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT SPRINGS LLC	**404 SPRING VALLEY RD ALTAMONTE SPRINGS, FL 32714**

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . Bridgeport Senior Living-Port Springs LLC Assisted Living Facility, License 12477 had a deficiency at the time of the survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility failed to have evidence that 1 of 4 sampled staff (D) had documentation of annual assessment for . . . . . ( ) signed by the healthcare provider.

Findings:

Personnel record review for staff D, a caregiver, hired in . . . , revealed there was no documentation to confirm she was free from available for review.

On at 12:15 PM, the assistant administrator confirmed and said staff D was on the list to have her test conducted.

Class III