STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969039	R **06/05/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC	**955 STONEWOOD LN MAITLAND, FL 32751**

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 . . . . , 2018. Bridgeport Senior Living-Port Maitland LLC, license #12851, had deficiencies at the time of the revisit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record review, and interview, the facility failed to ensure the unlicensed staff (E) who assisted a resident (#4) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #4 on . . . . at 4 pm revealed unlicensed caregiver E washed her hands, unlocked a kitchen cabinet, and removed a basket of medication containers. While standing at the kitchen counter, she opened a bottle of medication and poured one pill into a cup. She walked over to resident #4, who was sitting at the dining , and told the resident the name of the pill. She gave the cup to the resident, who poured the pill into her own hand and who took the pill with water. Caregiver E observed the resident take the pill then she returned to the kitchen and signed the Medication Observation Record (MOR.)

Caregiver E did not take the medication, in its previously dispensed, properly labeled container from where it was stored, and bring it to the resident. She did not in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, as required.

On at 4:07 pm, caregiver E confirmed the findings.

Resident #4's health assessment form 1823, dated on , indicated that she required assistance with self-administered medications.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC	**955 STONEWOOD LN MAITLAND, FL 32751**

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

Based on review of a medication container, record review, and interview the facility failed to ensure a medication container was properly labeled for a resident (#1) who received assistance with self-administered medications.

Findings:

Resident #1's record contained an order from a health care provider, dated on . . . . , for . . . . . 1% , gel, apply 4 grams to left knee twice a day for pain. In addition, a health assessment form 1823, dated on . . . . , indicated that she required assistance with self-administered medications.

Review of the box that contained the tube of . . . . . revealed a prescription label that indicated the directions for use were to apply 4 inches to the left knee twice a day for pain, and not 4 grams as was indicated on the health care provider's order.

Review of the measuring device that accompanied the gel revealed the measurement indicators on the device allowed for 2 grams (2.25 inches) or 4 grams (4.5 inches) of gel. Therefore, there was no way to measure and apply 4 inches of gel, as was indicated on the prescription label.

On . . . . . at 3:20 pm, the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 1 of 6 direct care staff (D) received 4 hours of . . . . . and Related . . . . . (ADRD) continuing education annually.

Findings:

Caregiver D's personnel record revealed a hire date of . . . . . The record contained documentation to indicate she received 's level 1 training on and level 2 training on . The record did not contain documentation to indicate she received 4 hours of ADRD continuing education annually, as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969039	R **06/05/2018**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT MAITLAND LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **955 STONEWOOD LN** **MAITLAND, FL 32751**	

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

On . . . at 4:15 pm, the administrator confirmed the findings.

Class III