STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968616	**01/22/2019**
NAME OF PROVIDER OR SUPPLIER **BRIDGEPORT SENIOR LIVING-PORT SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **404 SPRING VALLEY RD** **ALTAMONTE SPRINGS, FL 32714**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control plan was conducted on . . . . Bridgeport Senior Living - Port Springs, had a deficiency at the time of the visit.

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record reviews, observation and interviews the facility failed to ensure the safety of residents by completing all components of the emergency environmental action plan.

Findings include:

On at 11:20 a.m. during an interview and tour of the facility, the agency observed a generator in the garage area. Interview with the staff revealed they have not been trained on the operation of the backup emergency generator.

Class III